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

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

BASI	C INFORMA	NOITA										
Accident/Incident Location							Accident/Incident Date/Time					
Nearest City/Place: Swan Valley State: ID ZIP: Country: USA							Date: 03/30/2022 Local Time: 12:00 Nov n					
ZIP: Country: USA						mm/d	d/yyyy					
Latitude: 43°31'07 N Longitude: 111°22'56 W							Ti	me Zone:	mon			
	(Enter in decima	l degrees or a	degrees:minutes:se	conds)			Collision with	Other Airc	eraft: C) Midair	OOn-groun	nd None
AIRC	RAFT INFO	RMATIO	N									2. 美国电路
Registr	ation Number:	N35	AH				☐ IFR-Equip	pped and Ce	rtified			
Manufacturer: AVigit						☐ Commercial Space Flight ☐ Unmanned Aircraft						
Model: Husky A1B							Maximum Gr	oss Weight	: 22	00	lbs	-
Serial N	Number:	2417					Weight at Tir		A STATE OF THE PARTY OF THE PAR		950	lbs
Year of	Manufacture:	200	7				Number of Se				ew Seats:	la .
Amateu	ır-Built: OYes	If Yes: (OKit/Plans Ma	ke:			Cabin Crew Sea			- ATTOCACTOR	Seats:	1.14
	◎ No	(Original Design				Number of E		1	r asserige.		
Catego	ry of Aircraft		irworthiness Ce	ertificate		Landing Gea			Engine	Type (Se	elect one)	
@ Airpl		(Check all to		(Check all that apply)						procating	OLiqui	id Rocket
O Ballo O Blim	on o/Dirigible	Morma Norma	- operan	ed Lincycle				OT I P OHILL I P				
OGlide	7.	Aerob					-	ailwheel	O Turbo Jet O None			
O Gyro O Helic		☐ Balloo				☐ Amphibian ☐ Emergency		ligh Skid	O Turb O Elect		OUnkr	iown
OPowe		Transp	oort	imental Float			□Ski					
O Rock O Ultra		Utility			ight-Sport Hull Ski/Wheel Fuel System Type (Rec				(Reciprocation	ng)		
OUnkn	own	☐ Certificate	of Authorization		Other Launch/Pagevery System OCarburgtor Final Inion						Injected	
		None		Unknown	(con)	☐ None		Inknown				
			Engine		Monufe	antuman)a	Date	Rated Powe		Total	The state of the s	Since:
Engine	Engine Manufa		Model/Series	Manufacturer's Serial Number			of Mfg. mm/dd/yyyy		hrust	Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOM	ring	IO-360	A106 L-33606-51			E 06/12/200	7 200)	1082	840	473
Eng. 2 Eng. 3		-			-1"		- '					
Eng. 4	-						-					
				Propelle	er 1	OFixed Pi	tch	Prope	ller 2	0	Fixed Pitch	
O100-H	spection Type		4.1	, ropen		Controll:	able Pitch	Trope	nei 4		Controllable	Pitch
O AAIP		inuous Airwo		Manufacture # OGround			,					
Annu			,	Manufacturer: Har 72 Model: Trail Bloom								
Date La	ast Inspection:	mh/dd/yy	1/2021	_	Model: Trail Blase/ ELT Installed: Yes ONO					inment (Check all that	t apply)
Airfran	ne Total Time:	1082	hrs	If Yes:				■ ADS	S-B		oncen un mu	· uppij)
hou	rs measured at (S			ELT Ma	nufacture	er: Amer.	-King	10000000000000000000000000000000000000	rame Para	chute ck Indicato	r	
OL	ast Inspection	Time of A	ccident/Incident			: At-	9 5 0 C91a (121.5 MH	Auto	pilot		1	
Type of	Maintenance I	Program (Se	elect one)	100110.		(406 MHz)	C914 (121.3 MIT	L Data	Recorder		Handheld De	
O Cond	al itional (Amateur-b			Was ELT	still mo	unted in aircraf	t? OYes ONo			ltifunction		vice
O Manu	facturer's Inspect	ion Program		Was EL7	still con	nected to anten	na? OYes ONe	Elect	tronic Prin	mary Fligh	t Display	
	Approved Inspec		(AAIP)	If activa		? Yes ON	0	A	ds Up Dis			
	, specify:	ess				ocating Aircraf	t: OYes No		oard Weat			
	otion of Fire Ex	tinguishing	System	If not ac		uvete 1933 - M 400 1755 7450		_ Sate	Warning	ing Device System	3	
None	:	-	/5%	Indicate	Reason:	☐ Impact Dam		□Vide	o Recordi	ing Device		
O Spec	iry:					☐ Fire Damag ☐ Battery Exp		UOthe	r, Specify	:		
		-				Unknown	n cur Dainageu			19		

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner		City: IDAHO FALLS				
Name: K9 Air LLC						
Fractional Ownership Aircraft: Yes C		State: <u>ID</u> ZIP: <u>83402</u> Country: <u>USA</u>				
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner				
Name: Mark Maso	M	City: IDAHO Falls				
Doing Business As:		State: ID ZIP: 83402				
Air Carrier/Operator Designator (4 Charact	er Code):	Country: USA				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
■None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo	FAR 91 OFAR 129 OFAR 129 OFAR 103 OFAR 133 OFAR 133 OFAR 121 OFAR 135 OFAR 135 OFAR 125 OFAR 137 OFAR 137	431 O Non-Scheduled or Air Taxi O International				
☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	O FAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Passenger O Cargo O Mail Contract Only				
□Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137) □Pilot School (FAR 141)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	O Armed Forces O Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Aerial Application O Firefighting O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Personal				
Dovonyo Cightos sin - Eli-Li		O Executive/Corporate O Positioning O External Load O Skydiving				
Revenue Sightseeing Flight O Yes No	Air Medical Flight O Yes No	OFerry				
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Diamond	((Farm STrip)	Distance From Airport Center: sm				
Proximity to Airport: O Off Airport/Airstrip		Direction From Airport: degrees true				
		Airport Elevation: 5850 ft. msl				
Runway Information Landing		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID: 10 - 280 (L/R/C) Length: 2 Runway/Landing Surface (Check all that a grass/Turf Macar M	pply) dam	□ 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)		8				
OTaxi OVFR Departure OTakeoff OIFR Departure Proce	OOn Instrument Ap	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
None		None				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Valley/Terrain Following ☐ Forced Landing ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown				
		LI Unknown				

"FLIGHT CREWMEN												
"Flight Crewmember 1" R Pilot O Co-Pilot	esponsibilities at the O Student Pilot										100 (LL - 00) Clary (10)	
"Flight Crewmember 1" w		OFlight Yes □		ictor	O Check Pi	lot O	Flight	Engineer	O Other	Flight Crew		
"Flight Crewmember 1" Id	lentification	1103	140								2001	
First Name:	ark					City of	f Res	idence:	IDah	D Fa	115	
Middle Initial:						State:	1	D		7ID. 8	SUOP	
Last Name:	Mason					Countr		1	45 A	ZII #	1702	-
Age at time o	f Accident/Incident	65	***	Date of	Birth:	(3)11111	-	number of the second and	nm/dd/yyyy		0001	_
				icate Nu			-//	(e) sp	(1))))			
Degree of Injury	Seat Occupied					Restrain	t Tvr	ne		T	Inflatable	Restraints
None O Fatal	O Left	Front		O Unkno		Avail			Used		ппасаріе	Restraints
O Minor O Unknown O Serious	O Right O Center	O Rear O Single				ON			ONone		Not In	stalled
Pilot Certificate(s) (Check a		Obligio					ap on		O Lap on		☐ Install	ed
		mmercial		USM	dilitani		-point -point		O 4-poin		☐ Not Do	
☐ Private ☐ Recrea	ational	line Trans		Forei		6 5-	point		65-poin	t	Unkno	
☐ Student ☐ Sport	☐ Fli	ght Engine	eer			OU	nknov	wn	O Unkno	wn		
Principal Occupation	Medical Certificat	e				Medical (Cort	ifinete Ve	alidita.		Data of La	st Medical
		lass 3								Inknown	Date of La	st Medical
	O Class 1 OD	river's Lic	cense (Sport Pilo	ot only)	Without limitations/waivers O Unknown O N/A						12021
O Unknown Medical Certificate Limitat		nknown				O Special	Special Issuance mm/dd/yyyy					עעעי
MUST W	ear Carr	as to	0.1	1	.5.5							
		26/11	Vic	cei	13.50							
Medical Certificate Special	Issuance											
Date of Last Flight Review or Equivalent, Including		Fligh	nt Re	view Air	rcraft							
FAR 121/135 Checks:	06/15/21	Make	e:	AL	rial							
	mm/dd/yyyy	Mode	el:	HU	sky	AI	13		N 35%	14		-
Airplane Rating(s)	Other Aircraft R				nent Ratin]	Instructo	r Rating(s)			
(Check all that apply) ☐ None	(Check all that appl	(y)			ill that apply)	(Check all	that apply)			
Single-Engine Land	☐ None ☐ Airship			■ None□ Airpla	ane	■ None □ Instrument A						
☐ Single-Engine Sea	☐ Balloon			☐ Helic	copter	☐ Airplane Single-Engine ☐ Instrument Hell ☐ Airplane Multi-Engine ☐ Helicopter						
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider☐ Gyroplane		İ	☐ Powe	ered Lift	☐ Gyroplane ☐ Glider						
	☐ Helicopter							☐ Powere	d Lift		Sport	
Tuna Datinas	☐ Powered Lift											
Type Ratings							1 5	Student E	Endorseme	nts (Include	dates)	
												1
N / A								10	Λ			
NA	16							NX	7			
Flight Time (Enter appropriate	, , , ,			irplane				Inst	rument		T	1
number of hours in each box)		his Make & Model		Single Engine	Airplan Multiengi		ht	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1955 0	143	_	155	MA	33	_	0	21	Autoreran	1175	O
Pilot in Command (PIC)		143	18	194		-			21	0	1113	0
Time as Instructor		/	1									
This Make/Model					Missien .							
Last 90 Days	13.0	13.6	1	3.6		0)	0	0	0	0	0
Last 30 Days	7 74			7		0		0	0	. 0	0	6
Last 24 Hours	0		1 /			0		0	6	01		

"FLIGHT CREWMEM	BER 2" INFOR	MATION	V	美国教徒					45.765.24	
"Flight Crewmember 2" Re OPilot OCo-Pilot	sponsibilities at the		ccident/Inciden	100000000000000000000000000000000000000	Flight Engineer	OOther	Flight Crew			
"Flight Crewmember 2" wa	s pilot flying Y	es 🔲 N		· · · · · · · · · · · · · · · · · · ·	3	• • • • • • • • • • • • • • • • • • • •	Them crow			
"Flight Crewmember 2" Ide	entification	-				000 - 101			/	
First Name:				City of	Residence:					
Middle Initial:										
Last Name:							ZIP:			
Age at time of	Accident/Incident:		Date of Birth	Countr	y:	/11/		/		
I see at time of a			ficate Number:		m	m/aa/yyyy	/			
Degree of Injury	Seat Occupied	Cetti	iicate Number	Pactrain	t Type		-/-			
O None O Fatal O Minor O Unknown O Serious	Avail O N	Available Used O None O None			Inflatable F	talled				
Pilot Certificate(s) (Check al.	l that apply)				point	O Lap onl	ly	☐ Installed ☐ Not Dep		
☐ None ☐ Flight I	nstructor	nercial	☐ US Military	04	point	O/4-point		☐ Deploye	ed	
☐ Private ☐ Recreat		e Transport		0.5	-point nknown	5-point O Unknow		Unknov	vn	
Student Sport	☐ Fiight	Engineer			indiown /	/ O Olikilo	wii		2.5	
Principal Occupation N	Medical Certificate			Medical	Certificate Va	alidity		Date of Las	t Medical	
	O None O Clas			O Withou	t limitations/wa		Jnknown			
	O Class 1 O Driv	er's License nown	(Sport Pilot only)	O With li	O With limitations/waivers O N/A O Special Issuance			mm/dd/yy	7777	
Medical Certificate Limitati		- 1147 - 11		Opecial	Isouance			mmaaryy	33	
- 1										
					¥.					
Medical Certificate Special	Issuance		,							
Date of Last Flight Review		Flight R	eview Aircraft							
or Equivalent, Including FAR 121/135 Checks:		Make:								
	mm/dd/yyyy	Model: _							774-15	
Airplane Rating(s)	Other Aircraft Rat	ting(s)	Instrument F	lating(s)	Instructor	Rating(s)				
(Check all that apply)	(Check all that apply)		(Check all that		pply) (Check all that apply)					
☐ None ☐ Single-Engine Land	☐ None ☐ Airship		None		□ None □ Instrument Airplane					
☐ Single-Engine Sea	☐ Balloon	/	☐ Airplane ☐ Helicopter		☐ Airplane Single-Engine ☐ Instrument Helicopter☐ Airplane Multi-Engine ☐ Helicopter☐					
Multiengine Land	☐ Glider		☐ Powered Life	☐ Gyroplane ☐ Glider						
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter				☐ Powered	Lift		Sport		
	Powered Lift									
Type Ratings					Student E	ndorsemen	ts (Include d	ates)		
	/ .									
/										
	*									
THE LATE OF THE LA	T T		Airplane		1		T			
Flight Time (Enter appropriate number of hours in each box)	2	Make Model	Single A	rplane Itiengine Ni	ght Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time										
Pilot in Command (PIC)										
Time as Instructor	74-967-1-9-1-9-1									
This Make/Model										
Last 90 Days										
Last 30 Days							.)4		à.	
Last 24 Hours										

ADDITIONAL FLIC									
Crew Name and Addi			-			Seat Occupi	ed	Injury	
		y of Reside	lence:			O Left	O Front	O Nøne	
Middle Initial:	Sta	ZIP:			O Center O Right	O Rear O Single	OMinor Serious		
Last Name:	Co	untry:			_	O Right	O Unknown	O Fatal O Unknown	
Pilot Certificate(s) (C	Check all that apply)					Restraint Ty		Inflatable	
None		ommercial	□ US	S Military		Available Used O None None		Restraints	
☐ Private ☐ Student		rline Trans		reign		O Lap Only		☐ Not Installed	
Student	□ Sport □ Fli	ight Engine	eer			O3-point	O 3-point	 ☐ Installed ☐ Not Deployed 	
Type Rating/Endorse	ment for	Total F	light Time a	t the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Deployed	
Accident/Incident Air	of this	Accident/Inc	eident:	hrs	O Unknown	☐ Unknown			
NAME OF THE PERSON OF THE PERS	SERVENCE BY HE SERVER BUILDING HERE LOUIS SECURI SERVER BET	N PARTIES AND THE REAL PROPERTY.	11-12-17-17-19-19-19-19-19-19-19-19-19-19-19-19-19-		Many See Appropriate 913		occurrence of the property of a study		
Crew Name and Addr						Seat Occupi	ed	Injury	
						OLeft OFront		ONone	
Middle Initial:		te:		ZIP:	_/	O Center O Right	O Rear O Single	O Minor O Serious	
Last Name:	Cou	untry:			_/	OUnkno		O Fatal O Unknown	
Pilot Certificate(s) (C	heck all that apply)					Restraint Ty	ne•		
□None		mmercial	ПUS	Military		Available O None	Used O None	Inflatable Restraints	
☐ Private	☐ Private ☐ Recreational ☐ Airline Trans				port Foreign /			☐ Not Installed	
Student	□ Sport □ Fli	ght Engine	eer /			O Lap Only O 3-point O 3-point		☐ Installed	
Type Rating/Endorse	ment for	Total F	light Time a	the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed	
Accident/Incident Air		of this A	Accident/Incident:hrs			O Unknown O Unknown		Unknown	
PASSENGER(S) /	OTHER DEDSONNEL	PHORNER PROFESSION	-			The second second second second second second			
	OTTIER PERSONNEL	(Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)		A Property of the second	
Name and Address	OTHER PERSONNEL	(Include o	Seat	Injury	eparate shee Restraint T		Inflatable Restraints	Age	
Name and Address			Seat	Injury	Restraint T	ype Used	Inflatable	Age	
Name and Address First Name:	City :	_/	Seat	Injury	Restraint T Available ONone	ype Used O None	Inflatable Restraints Not Installed	Age Under 5 years	
Name and Address First Name: Middle Initial:	City : State: ZIP:	_/	Seat OLeft OCenter ORight	Injury	Restraint T Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed	☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name:	City : ZIP: Country:	- /	Seat OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ○ Child Restraint	
Name and Address First Name: Middle Initial:	City : State: ZIP:	- /	Seat OLeft OCenter ORight	O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name:	City : ZIP: Country: OPassenger	- /	Seat OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	ype Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held	
Name and Address First Name: Middle Initial: Last Name: OCrew	City : ZIP: Country: OPassenger OO City :	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft	O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Doployed Unknown Not Installed	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : ZIP: Country: OPassenger	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Inflatable Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: State: ZIP: Country: OPassenger OO City: State: ZIP: Country	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point	ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : ZIP: Country: OPassenger	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point	ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Inflatable Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City : State: ZIP: Country: OPassenger	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used Used Used	Inflatable Restraints	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Last Name: OCrew	City: State: ZIP: Country: OPassenger	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 1-point O 1-po	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Deployed Unknown Not Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held	
Name and Address First Name:	City: State: ZIP: On City: ZIP: Country OPassenger O O	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OLeft OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O1-point O5-point O5-point O5-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point O 5-point O 5-point O 5-point	Inflatable Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Doployed Unknown Not Deployed Deployed Unknown Not Installed Installed Installed Installed Installed	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row:	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Deployed Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point O 5-point O 5-point O 5-point	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Unknown Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Crew OCrew	City: ZIP: Country: OPassenger	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal OUnknown Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O1-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 1-point O 1-poi	Inflatable Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years		
Name and Address First Name:	City:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal OUnknown Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Not Installed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Deployed Unknown Not Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Not Deployed Not Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown		
Name and Address First Name:	City:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal OUnknown Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O1-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 1-point O 1-poi	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years		

FLIGHT ITINERARY	NFORMATIO	N						
Last Departure Point		ne of Departure	Destinati	on		Type Flight Plan Filed		
Airport ID:				IDA		None O VFR/IFR		
City: IDAHO FA	100	e: 11:30 A1		DAHO	PACC5	O Company VFR O IFR		
State:	Tim	e Zone: MTn				O Military VFR O Unknown O VFR		
Country: USA			A comment			Activated? OYes ONo OUnknown		
Type of ATC Clearance/Ser	vice (Check all that	apply)						
□ VFR □	Special VFR IFR	☐ Special IFR ☐ VFR On Top			☐ VFR Flight Following ☐ Cruise ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident					2010(20)	Altitude of In-Flight		
	Class G Demo Area		tary Operations ort Advisory A		☐ Special ☐ Air Traffic Contr	0		
☐ Class C ☐	Warning Area	☐ Jet 7	Training Area		Unknown	_UA ft msl		
	Prohibited Area Restricted Area	☐ TRS						
WEATHER INFORMA				TSITE				
Source of Pilot Weather Info		_ / TOOLD EIV	AIROIDEIR		bservation Facility			
(Check all that apply)					osci vacion racincy			
☐ National Weather Service ☐ Flight Service Station	☐ Con			Observation T				
☐ TV/Radio	☐ Inte				`ime:			
☐ Automated Report ☐ Commercial Weather Service	Non			Time Zone:				
On-Board Weather	(DUATS) Unk	nown		Distance from Accident Site:nm Direction from Accident Site:degrees true				
Basic Conditions		Light Condition	on	_ Direction from	Trecident Site.	degrees true		
● VMC		ODawn	ODusk	O Dar	k Night OUn	known		
O IMC O Unknown		Day	ONight		ght Night			
Sky/Lowest Cloud Condition		Cellina						
	Thin Broken	Ceiling None (Clear)	0	Obscured	Temperature:	(C) or <u>32</u> (F)		
O Few	Thin Overcast	O Broken		Indefinite	Dew Point:	(C) or(F)		
O Partial Obscuration C O Scattered	Unknown	O Overcast	0	Unknown	A STATE OF THE STA	Altimeter Setting:in. Hg		
Lowest Cloud Condition He	ight	Ceiling Height			TARIMETER SELLI	or MB		
	_ ft agl	Cennig Height		ft agl				
Wind Direction	Wind Sund		WII VO		4			
Wind Direction Wariable	Wind Speed		Wind Gusts		Visibility			
wallable	☐ Calm☐ Light and Varia	able	Not Gustin	ıg	RVR:	feet		
-or-	-or-		-or-		RVV:	7:miles		
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitud	le: ft		
Intensity of Precipitation	Type of Precipit	ation (Check all th	at apply)		Restriction to V	Visibility (Check all that apply)		
OLight	None	☐ Drizzle	☐ Freezing		None	☐ Fog		
O Moderate O Heavy	☐ Rain☐ Snow	☐ Ice Pellets ☐ Snow Pellets	☐ Snow Sl		☐ Blowing Dus			
ON/A	☐ Hail	Snow Grains	☐ Freezing		☐ Blowing San			
OUnknown	☐ Rain Showers	☐ Ice Crystals			☐ Blowing Spr. ☐ Dust			
Icing Forecast		Icing Actual			Turbulence	☐ Onknown		
Amount Type		Amount	Type		Type (Check all	that apply) Severity		
None O N/A O Trace O Rime		None	O N/A		None	□Light		
O Light O Clear		O Trace O Light	O Rime O Clear		☐ Clear Air ☐ Terrain-Induc	☐Moderate		
O Moderate O Mixed		O Moderate	O Mixed	d	☐Convective T			
O Severe O Unknown	n	O Severe O Unknown	O Unkn	own				
	IDMPT CYC							
NOTAMs (D and FDC), A	IRMET'S, SIGN	IETS, PIREPS	in effect at i	the time of t	he accident/incid	ent:		
- 69								
557								

DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage Aircraft Fire Aircraft Explosion O None Substantial None O Both Ground and In-Flight None O Both Ground and In-Flight O Minor O Destroyed O In-Flight O Fire at Unknown Time O In-Flight O Explosion at Unknown Time O Unknown O On-Ground O Unknown O On-Ground O Unknown Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Air Craft Propeller Wind Shield Right Wing + STRUTS SUBSTATION LAPT Wing + STRUTS Light - MOSTLY Skin

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 ATTachad

Description of Accident

Day: clear , light winds Pilot: Mark Mason

Plane: 2007 Husky A1B---N35AH

Date: 3-30 -2022

The day was predicted to be the best weather of the week so I decided to go fly (alone) and practice air work and landings. I do this often when I have nowhere to go. I Flew to Diamond -X farm strip to check the snow depth. It is one of my favorite practice strips because it has no neighbors that would complain about the noise. I have over 200 landings at this strip.

When I got there it looked like a lot of the snow had melted and it was showing lots weeds and dirt through the snow. I did two low passes to see what the snow was like. I then decided to do a wheel touch/ go around so I had some fresh tracks to see. I did that and it went fine, I made two more low passes from two different angles to study the tracks that looked like 3" ruts. I then decided to do a second longer wheel touch /go around. I did that and it felt really solid and consistent. I did one more low pass to look at the new tracks, they looked like maybe 4" deep. I then made the decision to try a landing.

I set up my standard low energy landing with full flaps and 60 MPH. Everything was perfect due to the cold air and calm wind, I touched down very smoothly and was rolling out on the main gear when the wheels broke though the crust. (I found out after the crash the snow was 8" deep with a 2" crust on top) the slowing of the wheels and the high CG, I had full tanks of fuel, started pitching me forward and flipped the plane over on its top.

I shut down the plane and got out, after considerable swearing and stomping I got out the tools and pulled the ELT (it was on and I turned it off) and the battery out of the plane. I called my wife and asked her to pick me up. I called IDA tower to alert them of a possible ELT signal and that there was nothing to worry about.

Tower called me back later to get more information, and gave me the ROC number to call.

My Wife showed up (the first and only person to show up) she hiked out and I took pictures of the scene. we were hiking out with all the plane baggage when a Fish And Game officer showed up. We chatted and he called the sheriff. When the sheriff got there we had a conference call with ROC and the NSTB. We sent them the pictures, being as no one was hurt they were satisfied.

At that point we drove home

With the help of the airport owner and one of his construction friends we all returned Friday morning (early while the snow was still frozen) with a tracked excavator, we flipped the plane upright and towed it off the field with no problems. Ironically the snow was frozen so hard in

the morning we were diving my truck on top of it . If I would have been two hours earlier I would have not broken the crust and had a successful landing. Like many of life's problems timing is everything.

Root cause of the accident: Failure of the pilot to properly asses the snow conditions.

Mark Mason

RECOMMENDATION (Ho	w could this	accident/incident	have been pre	evented?)			
Operator/Owner Safety Recomm							
Do not Absolity	Cond	on R	un way	Tho	T Yo	Do Do	NoT
Absolith	Kno	w The	Cond.	· Tran C	010		
MECHANICAL MALFUI	NCTION/I	FAILURE (If mo	ore space is n	eeded, contin	ue on separat	te sheet)	
Was there Mechanical Malfun (If yes, list the name of the part, man	ction/Failur	e? 🗆 Yes 🗷 No)		9678		Total Time/Cycles On Part
							Hours
							Cycles
							Time Since This Part Inspected/Overhauled
							Hours
FUEL & SERVICES INF	ORMATI	ON	107				Little Committee
Fuel on Board at Last Takeoff		Fuel Type		NEW TAKES THE STATE OF THE STAT			
(Convert from pounds, as necessary) FUL 50	Gallons	○ 80/87 ● 100 Low Lead	O 115/145 O Jet A	O 1	P8	Other, specify _	
Other Services, if Any, Prior to		O 100/130	O Jet A-1	0 8	Automotive		
EVACUATION OF AIRS	DACT				great and a second		
EVACUATION OF AIRC	KALI	Service Tolking Street Land Control	WHEN THE BEST SHOPE				是的特殊各种的特殊。由其中可以是由自然的
Was an emergency evacuation		aft performed?	☑ Yes	□ No		49	
Was an emergency evacuation	of the aircra			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ch location		
	of the aircra	s exited and how m		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ch location		
Was an emergency evacuation Method of Exit – Describe how Main Door;	of the aircra the occupant	s exited and how m	any occupants	s evacuated eac			
Was an emergency evacuation Method of Exit – Describe how Main Door;	of the aircra the occupant	s exited and how m	any occupants	s evacuated eac			
Was an emergency evacuation Method of Exit – Describe how	of the aircra the occupant Pilo7	s exited and how m	any occupants	evacuated eac	te this section	n for <i>other</i> aircra	
Was an emergency evacuation Method of Exit – Describe how Main Door; OTHER AIRCRAFT – Co	of the aircra the occupant P; Lo 7 OLLISION Manufactu	s exited and how m	any occupants	s evacuated ead	te this section	n for <i>other</i> aircra Dai	nft) mage to Other Aircraft Destroyed □ Minor
Was an emergency evacuation Method of Exit – Describe how Main Door, OTHER AIRCRAFT – Co	of the aircra the occupant P:Lo 7 DELISION Manufactu Model:	s exited and how m	any occupants	s evacuated ead	te this section	n for <i>other</i> aircra Dai	nft) mage to Other Aircraft
Was an emergency evacuation Method of Exit – Describe how Main Door, OTHER AIRCRAFT – Co Aircraft Registration Number NA Registered Owner of Other Air	of the aircra the occupant P:Lo7 DELISION Manufactu Model: craft	s exited and how m	any occupants	urred, comple Pilot of Othe Name:	te this section	n for <i>other</i> aircra Dar	mage to Other Aircraft Destroyed
Was an emergency evacuation Method of Exit – Describe how Main Door, OTHER AIRCRAFT – Co Aircraft Registration Number NA Registered Owner of Other Air Name: City:	of the aircra the occupant P:Lo 7 DELISION Manufactu Model: craft	s exited and how m	any occupants	urred, comple Pilot of Othe Name:	te this section	n for <i>other</i> aircra Dai	mage to Other Aircraft Destroyed

ADDITIONAL INFORMATION (Please type or print in ink)		
Use this space if additional space is needed for any answers.		
		and a
	NAMES OF THE PERSON OF THE PER	on American a spice (BANGC) skiller
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE	Sections are accounted from the section of the sect	
Date of this Report Name of Pilot/Operator: Mark Masom		
- or - 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. Reviewed by NTSB Regional Office Name of Investigate WPR-AS Albert Nixon	r	Date Report Received 04/09/2022