

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

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

BASIC INFORMATION

Accident/Incident Location		Date/Time	
Nearest City/Place: <u>Butte</u> State: <u>MT</u>		Date: <u>03/22/2009</u> Local Time: <u>14:30</u>	
ZIP: <u>59701</u> Country: <u>USA</u>		<i>mm/dd/yyyy</i>	
Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Time Zone: <u>MDT</u>	
Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
<input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None	_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Pilatus</u>		Max Gross Weight: _____ lbs	
Model: <u>PC-12/45</u>		Weight at Time of Accident/Incident: _____ lbs	
Serial Number: <u>403</u>		Location of Center of Gravity at Time of Accident/Incident:	
Registration Number: <u>N128CM</u>		_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum	
Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		-or- _____ Percent Mean Aerodynamic Cord (% MAC)	

Category of Aircraft	Type of Airworthiness Certificate <i>(Check all that apply)</i>	Number of Seats: <u>10</u>	Landing Gear <input checked="" type="checkbox"/> Retractable
Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport		Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	<input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown

Type of Maintenance Program	Last Inspection Type	Date Last Inspection: <u>10/09/2008</u>
		<i>mm/dd/yyyy</i>
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	Airframe Total Time: <u>1,815</u> hrs
		hours measured at <i>(check one)</i>
		<input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident

IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input type="checkbox"/> Specify _____
---	---	---

ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: _____
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No		Model/Series: _____
		Serial Number: _____
		Battery Type: _____ Battery Exp. Date: _____

Engine Type	Reciprocating Fuel System Type	Propeller
<input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<input type="checkbox"/> Fixed Pitch Manufacturer: <u>Hartzell</u> <input checked="" type="checkbox"/> Controllable Pitch Model: <u>HC-E4A-3D/E10477K</u>

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	P&W	PT6A-67B	PCE-PR0268	2001	1200	1,815		
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

<p>Registered Aircraft Owner Name: <u>Eagle Cap Leasing, Inc.</u></p> <p>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Owner Address City: <u>Enterprise</u> State: <u>OR</u> ZIP: <u>97828</u> Country: <u>USA</u></p>
<p>Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner</p> <p>Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____</p>	<p>Operator Address <input type="checkbox"/> Same As Registered Owner</p> <p>City: _____ State: _____ ZIP: _____ Country: _____</p>

<p>Regulation Flight Conducted Under</p> <p> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces </p>	<p>Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---

<p>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</p> <p> <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown </p>	<p>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</p> <p> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi </p> <p>Domestic or International</p> <p> <input type="checkbox"/> Domestic <input type="checkbox"/> International </p> <p>Cargo Operation</p> <p> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail </p>	<p>Type of Commercial Operating Certificate Held (Check all that apply)</p> <p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft </p>
--	---	--

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

<p>Aircraft Registration Number _____</p>	<p>Manufacturer: _____ Model: _____</p>	<p>Damage to Other Aircraft</p> <p> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None </p>
<p>Registered Owner of Other Aircraft</p> <p> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ </p>		
<p>Pilot of Other Aircraft</p> <p> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ </p>		

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

<p>Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</p>	<p>Total Time/Cycles On Part</p> <p>_____ Hours _____ Cycles</p> <p>Time Since This Part Inspected/Overhauled</p> <p>_____ Hours</p>
--	---

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

<p>Aircraft Damage</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed </p>	<p>Aircraft Fire</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input checked="" type="checkbox"/> On-Ground </p>	<p>Aircraft Explosion</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground </p>
---	--	--

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

Aircraft destroyed by impact to the ground and subsequent fire. Accident site was in a cemetery adjacent to the airport resulting in damage to grave markers and vegetation.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KBTM **Distance From Airport Center:** _____ SM
Airport Name: Bert Mooney Airport **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 5,550 ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
 None PAR MLS Practice
 ADF/NDB Sideslip LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

VFR Approach (Check all that apply)
 None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

Runway Information
Runway ID: 33 (L/R/C) Length: 9,001 ft Width: 150 ft

Condition of Runway/Landing Surface (Check all that apply)
 Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: KOVE City: Oroville State: CA Country: USA	Time of Departure Time: 11:10 Time Zone: PDT	Destination Airport ID: KBZN City: Bozeman State: MT Country: USA	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	--

Type of ATC Clearance/Service (Check all that apply)
 None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)
 Class A Class E Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)
 None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary) _____ Gallons	Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Other, specify _____
--	--

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information <i>(Check all that apply)</i> <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 type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ miles

Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	Restriction to Visibility <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL	

Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
--	--	--	---

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
--	--	--

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--

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

- None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <i>mm/dd/yyyy</i>
---	--	--	--

Medical Certificate Limitations

Medical Certificate Waivers

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

Flight Review Aircraft

Make: _____
Model: _____

Airplane Rating(s) <i>(Check all that apply)</i> <input 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	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <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 *(Include dates)*

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign		<input type="checkbox"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Right <input type="checkbox"/> Rear
		<input type="checkbox"/> Center <input type="checkbox"/> Single
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign		<input type="checkbox"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Right <input type="checkbox"/> Rear
		<input type="checkbox"/> Center <input type="checkbox"/> Single
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	<input type="checkbox"/> Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign		<input type="checkbox"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Right <input type="checkbox"/> Rear
		<input type="checkbox"/> Center <input type="checkbox"/> Single
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	<input type="checkbox"/> Unknown

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Erin</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Jacobson</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Amy</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Jacobson</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Taylor</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Jacobson</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Ava</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Jacobson</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Jude</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Jacobson</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Michael</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Pullen</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Vanessa</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Pullen</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Sydney</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Pullen</u> Country: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 time and point of departure, intended destination, and services obtained. Aircraft departed Oroville, CA on and IFR flight to Bozeman, MT with designated alternate of Butte, MT. Flight altitude 25,000 feet. While enroute near Salmon, ID, the pilot requested a diversion to Butte, MT. The aircraft approached Runway 33 at Butte, MT and crashed into Holy Cross Cemetery west of the airport.

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

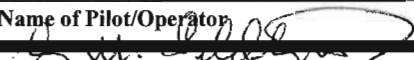
Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

See attachment for complete list of passengers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report 04/07/2009 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: Irving M. Feldkamp, III - President, Eagle Cap Leasing, Inc.
---	---

Signature and Name of Person Filing Report if Other than Pilot/Operator
Signature: _____
Type or Print Name: _____
Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No. WPR09MA159	Reviewed by NTSB Regional Office WPR-Seattle	Name of Investigator Hogenson	Date Report Received 4/23/2009
---	--	---	--

ATTACHMENT TO NTSB FORM 6120.1 RE PILATUS PC-12/45 – N128CM

DECEDENTS:

PILOT:

Ellison St. Claire Summerfield – 65 – Searchlight, NV/Highland, CA

PASSENGERS:

Erin Jacobson MD – 36 – St. Helena, CA

Amy Jacobson – 34

Taylor Jacobson – 4

Ava Jacobson – 3

Jude Jacobson – 1 or 2

Michael Pullen DDS – 39 – Galt, CA

Vanessa Pullen MD – 37

Sydney Pullen – 9

Christopher Pullen – 7

Brent D. Ching DDS – 37 – Durham, CA

Kristen Ching, RN – 31

Hailey Ching – 5

Caleb Ching – 4