NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION–Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION–These flights include aerial mapping/ photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP–Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW–Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS–includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE–Company flying with a paid, professional crew.

FERRY–Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST–Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL–Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE–Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL–Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING–Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN–Use only if the primary purpose of flight is not known.

Other Aircraft–Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/ incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs *(D and FDC), AIRMETs, SIGMETs, PIREPs*: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to www.ntsb.gov.

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: Thomas Creek State: ID
ZIP: N/A Country: Custer
Latitude: 44 43.398 Longitude: 115 00.238
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 11/14/2021 *mm/dd/yyyy* Local Time: 1330
Time Zone: Mountain

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N8507B
Manufacturer: Cessna
Model: 172
Serial Number: 36209
Year of Manufacture: 1957
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: 1950 lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: 0 Passenger Seats: 2
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)	Time Since: Overhaul (hours)
Eng. 1	Continental	O-300A	160420-71-AR	1-26-71	145hp	1863	15.6	1863
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
100-Hour Continuous Airworthiness
AAIP Conditional Inspection
(Annual) Unknown
Date Last Inspection: 9/11/2021 *mm/dd/yyyy*
Airframe Total Time: 3109.3 hrs
hours measured at *(Select one)*
(Last Inspection) Time of Accident/Incident

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

Description of Fire Extinguishing System
None
Specify: Portable halon extinguisher

Propeller 1 Fixed Pitch / Controllable Pitch / Ground Adjustable
Manufacturer: McCauley
Model: 1A170DM7649

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

ELT Installed: (Yes) No
If Yes:
ELT Manufacturer: Unknown
Model or Part No.: —
TSO No.: (C91 (121.5 MHz)) C91a (121.5 MHz) C126 (406 MHz)
Was ELT still mounted in aircraft? (Yes) No
Was ELT still connected to antenna? (Yes) No
Did ELT Activate? Yes No Unknown
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:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Joel LaFleur

Fractional Ownership Aircraft: Yes No

City: Garden Valley

State: ID ZIP: 83622

Country: USA

Operator of Aircraft *Same As Registered Owner* *Same Address as Registered Owner*

Name: Joel LaFleur

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

City: Garden Valley

State: ID ZIP: 83622

Country: USA

Operating Certificates Held *(Check all that apply)*

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

Regulation Flight Conducted Under

(FAR 91) FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft *(Select one)*
Armed Forces
Federal
State
Local

Unknown

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

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

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

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

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

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

Airport Name: Thomas Creek

Airport Identifier: 2U8

Proximity to Airport: (Off Airport/Airstrip) On Airport/Airstrip N/A

Distance From Airport Center: 1/4 sm

Direction From Airport: 030 degrees true

Airport Elevation: 4400 ft. msl

Runway Information

Runway ID: 3 (L/R/C) Length: 2075 ft Width: 75 ft

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

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

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

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

Approach/Departure Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

None

ADF/NDB PAR MLS Practice
SDF Sidestep LDA GPS
VOR/TVOR ILS ASR
VOR/DME Localizer Only Visual
TACAN LOC-back course Contact
RNAV Circling
Unknown

VFR Approach *(Check all that apply)*

None

Traffic Pattern Stop and Go
Straight-In Touch and Go
Valley/Terrain Following Simulated Forced Landing
Go Around Forced Landing
Full Stop Precautionary Landing
Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying Yes | No

"Flight Crewmember 1" Identification JOEL

First Name: ~~JOEL~~ N/A

Middle Initial: A.

Last Name: LAELLA

City of Residence: GARDEN VALLEY

State: ID ZIP: 83622

Country: USA

Age at time of Accident/Incident: 48 Date of Birth: [redacted] mm/dd/yyyy

Certificate Number: [redacted]

Degree of Injury
None | Fatal
(Minor) | Unknown
Serious

Seat Occupied
(Left) | Front | Unknown
Right | Rear
Center | Single

Restraint Type

Available	Used
None	None
Lap only	Lap only
3-point	3-point
(4-point)	4-point
5-point	5-point
Unknown	Unknown

Inflatable Restraints
~~Not Installed~~
Installed
Not Deployed
Deployed
Unknown

Pilot Certificate(s) *(Check all that apply)*
None | Flight Instructor | (Commercial) | US Military
Private | Recreational | (Airline Transport) | Foreign
Student | Sport | Flight Engineer

Principal Occupation
(Pilot)
Other
Unknown

Medical Certificate
None | Class 3
(Class 1) | Driver's License (Sport Pilot only)
Class 2 | Unknown

Medical Certificate Validity
(Without limitations/waivers) | Unknown
With limitations/waivers | N/A
Special Issuance

Date of Last Medical
10/26/2021 mm/dd/yyyy

Medical Certificate Limitations
NONE

Medical Certificate Special Issuance
N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 6/18/2021 mm/dd/yyyy

Flight Review Aircraft
Make: BOEING
Model: 737 (Sim)

Airplane Rating(s) *(Check all that apply)*
None
(Single-Engine Land)
Single-Engine Sea
(Multiengine Land)
Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift

Instrument Rating(s) *(Check all that apply)*
None
(Airplane)
Helicopter
Powered Lift

Instructor Rating(s) *(Check all that apply)*
None | Instrument Airplane
Airplane Single-Engine | Instrument Helicopter
Airplane Multi-Engine | Helicopter
Gyroplane | Glider
Powered Lift | Sport

Type Ratings
B-737

Student Endorsements *(Include dates)*

Flight Time *(Enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	11,800	118.2	178.2	11622	5500	1800				
Pilot in Command (PIC)	6,500	91.1	95.1	6404	5500	1800				
Time as Instructor	450	0	0	450	290	-				
This Make/Model	[redacted]							[redacted]		
Last 90 Days	180	2.6	2.6	180	65	2.0				
Last 30 Days	60	2.6	2.6	60	25	.5				
Last 24 Hours	0	0	0	0	0	0				

"FLIGHT CREWMEMBER 2" INFORMATION

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

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: N/A City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ *mm/dd/yyyy*

Certificate Number: _____

Degree of Injury

None Fatal
Minor Unknown
Serious

Seat Occupied

Left Front Unknown
Right Rear
Center Single

Restraint Type

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

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

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

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

Principal Occupation

Pilot
Other
Unknown

Medical Certificate

None Class 3
Class 1 Driver's License (Sport Pilot only)
Class 2 Unknown

Medical Certificate Validity

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

Date of Last Medical

_____ *mm/dd/yyyy*

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) *(Check all that apply)*

None
Single-Engine Land
Single-Engine Sea
Multiengine Land
Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*

None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift

Instrument Rating(s) *(Check all that apply)*

None
Airplane
Helicopter
Powered Lift

Instructor Rating(s) *(Check all that apply)*

None Instrument Airplane
Airplane Single-Engine Instrument Helicopter
Airplane Multi-Engine Helicopter
Gyroplane Glider
Powered Lift Sport

Type Ratings

Student Endorsements *(Include dates)*

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

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

Crew Name and Address

First Name: N/A City of Residence: ________
Middle Initial: ____ State: ______ ZIP: ______
Last Name: ________ Country: ________

Seat Occupied: Left, Center, Right / Front, Rear, Single, Unknown

Injury: None, Minor, Serious, Fatal, Unknown

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

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

Restraint Type:
Available: None, Lap Only, 3-point, 4-point, 5-point, Unknown
Used: None, Lap Only, 3-point, 4-point, 5-point, Unknown

Inflatable Restraints: Not Installed, Installed, Not Deployed, Deployed, Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? Yes No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

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Crew Name and Address

First Name: ________ City of Residence: ________
Middle Initial: ____ State: ______ ZIP: ______
Last Name: ________ Country: ________

Seat Occupied: Left, Center, Right / Front, Rear, Single, Unknown

Injury: None, Minor, Serious, Fatal, Unknown

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

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

Restraint Type:
Available: None, Lap Only, 3-point, 4-point, 5-point, Unknown
Used: None, Lap Only, 3-point, 4-point, 5-point, Unknown

Inflatable Restraints: Not Installed, Installed, Not Deployed, Deployed, Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? Yes No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

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: LILIANA City: GARDEN VALLE[illegible] Middle Initial: J State: ID ZIP: 83622 Last Name: LAFLEUR Country: USA Crew **Passenger** Other	Left Center **Right** Unknown Row: ___	None **Minor** Serious Fatal Unknown	Available: None, Lap Only, 3-point, **4-point**, 5-point, Unknown Used: None, Lap Only, 3-point, **4-point**, 5-point, Unknown	**Not Installed** Installed Not Deployed Deployed Unknown	Under 5 years *If Under 5,* Child Restraint Lap-Held Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ Crew Passenger Other	Left Center Right Unknown Row: ___	None Minor Serious Fatal Unknown	Available: None, Lap Only, 3-point, 4-point, 5-point, Unknown Used: None, Lap Only, 3-point, 4-point, 5-point, Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years *If Under 5,* Child Restraint Lap-Held Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ Crew Passenger Other	Left Center Right Unknown Row: ___	None Minor Serious Fatal Unknown	Available: None, Lap Only, 3-point, 4-point, 5-point, Unknown Used: None, Lap Only, 3-point, 4-point, 5-point, Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years *If Under 5,* Child Restraint Lap-Held Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ Crew Passenger Other	Left Center Right Unknown Row: ___	None Minor Serious Fatal Unknown	Available: None, Lap Only, 3-point, 4-point, 5-point, Unknown Used: None, Lap Only, 3-point, 4-point, 5-point, Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years *If Under 5,* Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: 2U8
City: Thomas Creek
State: ID
Country: USA

Time of Departure
Time: 1330
Time Zone: Mountain

Destination
Airport ID: U88
City: Barron Valley
State: ID
Country: USA

Type Flight Plan Filed
(None) VFR/IFR
Company VFR IFR
Military VFR Unknown
VFR
Activated? Yes No Unknown

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 G) Military Operations Area (MOA) Special
Class B Demo Area Airport Advisory Area Air Traffic Control Area
Class C Warning Area Jet Training Area Unknown
Class D Prohibited Area TRSA
Class E Restricted Area FAR 93

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
National Weather Service (Company) PIREPS VIA GARMIN INREACH
Flight Service Station Military
TV/Radio Internet
Automated Report None
Commercial Weather Service (DUATS) Unknown
On-Board Weather

Weather Observation Facility
Facility ID: N/A
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions
(VMC)
IMC
Unknown

Light Condition
Dawn Dusk Dark Night Unknown
(Day) Night Bright Night

Sky/Lowest Cloud Condition
Clear Thin Broken
Few Thin Overcast
Partial Obscuration Unknown
(Scattered)

Lowest Cloud Condition Height
_____ ft agl

Ceiling
(None (Clear)) Obscured
Broken Indefinite
Overcast Unknown

Ceiling Height
_____ ft agl

Temperature: _____ (C) or 50 (F) estimated
Dew Point: _____ (C) or — (F)
Altimeter Setting: — in. Hg
or _____ MB

Wind Direction
(Variable)
-or-
Direction: _____ degrees true

Wind Speed
Calm
(Light and Variable)
-or-
Speed: _____ kts

Wind Gusts
Not Gusting
-or-
Speed: _____ kts

Visibility 10+ miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation
Light
Moderate
Heavy
N/A
Unknown

Type of Precipitation *(Check all that apply)*
(None) Drizzle Freezing Rain
Rain Ice Pellets Snow Shower
Snow Snow Pellets Ice Pellets Shower
Hail Snow Grains Freezing Drizzle
Rain Showers Ice Crystals

Restriction to Visibility *(Check all that apply)*
(None) Fog
Blowing Dust Ground Fog
Blowing Sand Haze
Blowing Snow Ice Fog
Blowing Spray Smoke
Dust Unknown

Icing Forecast

Amount	Type
(None)	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Icing Actual

Amount	Type
(None)	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Turbulence

Type *(Check all that apply)*	Severity
(None)	Light
Clear Air	Moderate
Terrain-Induced	Severe
Convective Turbulence	Extreme

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

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	(Substantial)	(None)	Both Ground and In-Flight	(None)	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 THE NOSE COWL, Propellor, WINDSCREEN Destroyed, Both MAIN LANDING GEAR sheared off of AIRCRAFT, RIGHT ELEVATOR DAMAGED, DAMAGE TO Both WINGTIPS, PILOT SIDE DOOR Broke Free of AIRCRAFT DURING TOUCHDOWN

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.

Flight Narrative 14 Nov 2021

On 14 Nov I planned and preflighted N8509B for a return trip to U88 Garden Valley airstrip from 2U8 airstrip. I loaded the aircraft conservatively to ensure adequate performance margins and measured the fuel levels (22 Gallon) for weight purposes as well as ensuring adequate reserves for backcountry flying during a season of rapidly changing weather. My aircraft total weight was 1950 lbs (210lb pilot, 110 lb pax, 125lb gear) and I utilized Foreflight in the weight and balance calculations of the aircraft and cross referenced my numbers to the aircraft POH for takeoff and performance numbers. Environmentals at the time were mostly clear skies with some high scattered clouds above the levels of the nearby mountain tops that are approximately 4000' above the elevation of Thomas Creek. During the trip to Thomas Creek I was receiving routine updates on the weather from Arnold Aviation pilots via Garmin Inreach satellite message which I did within the hour of departure from Thomas Creek on the 14th. I had also received word from my wife that the weather at my destination U88 was clear and would not present problems for arrival. Winds at the time of preflight preparations were light and variable and I planned my departure numbers based on the worse case of a 5 knot tailwind. Based on these calculations I expected the aircraft to require about 1000 foot ground roll which also took into account the unimproved surface that was predominately dry and fairly hard packed.

Start and taxi were uneventful and I picked out a sign on the side towards the mountain that was approximately 1000 feet down the runway as my abort point. I accomplished my pre-takeoff checklist items and selected a flaps 10 takeoff. I initiated a static takeoff advancing the throttle and leaning the mixture to optimize takeoff performance. During the takeoff roll everything seemed to be normal and the aircraft showed signs of taking off around that 1000' point and we continued the takeoff. There was a bit of a delay of the aircraft breaking ground and I did not force it airborne prematurely and figured we had picked up a little bit of tailwind gusts but still anticipated adequate runway surface to accomplish a normal takeoff. The aircraft became airborne approximately 1600' down the runway but the climb performance was very limited. There are no obstacles at the immediate end of the runway so I continued straight out to let the aircraft attempt to accelerate. Quick references of the airspeed indicator showed the aircraft in the 45-50mph range as we cleared the end of the runway and started to fly over the river. Once we were over the river there was a noticeable degradation in performance and the stall warning horn began to buzz accompanied by a sink rate. As this was happening I maintained aircraft control knowing that further back yoke pressure was not possible due to our impending stall. I had to balance that with the fact that the aircraft was sinking towards the ground and there were some tree tops that were in our flight path directly in front of the aircraft. I initiated a slight coordinated bank to miss the nearby obstacles (tree tops) while the aircraft sink continued to worsen. Shortly after those small flight path corrections to miss the obstacles off the nose of the aircraft I had the realization that the aircraft was not going to be able to outperform the environmental conditions it was currently experiencing. I continued to fly the aircraft and maintain control throughout these last few seconds knowing that large flight path corrections were not a possibility but right before the forced landing on the far side of the river I made a slight left bank to attempt to miss a large pine tree.

The aircraft came to rest 180 degrees from the flight path we were on and I egressed the aircraft with my daughter without further incident.

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

Operator/Owner Safety Recommendation

Recommendations

My experience at Thomas Creek showed me that the backcountry environment can be an unforgiving place for small aircraft. I feel I displayed due diligence in prepping for and executing the flight and still ran into trouble with the localized weather phenomenon around Thomas Creek with the winds and the sink created over the river. I own the Hanselman Backcountry Idaho publications and feel they are an invaluable resource and they mention the sink created by the river on approaches. I believe the nature of the airstrip also creates some unusual wind effects where the winds at the departure end of the airfield as well as the midfield area can be significantly different than those at the end of the runway as well as over the river. This can serve to be a compounding set of problems for people operating into and out of Thomas Creek. My only suggestion would be to add some documentation on those unusual wind effects reminding pilots and hopefully preventing a future incident like mine.

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

Was there Mechanical Malfunction/Failure? Yes (No)

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

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

22 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

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

Both Occupants exited through the Pilot side door on ~~after~~ aircraft left

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

Aircraft Registration Number _____

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed Minor
Substantial None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report	Name of Pilot/Operator: Jose A. Lafleur
11/16/2021 *mm/dd/yyyy*	Signature: [redacted]
	– 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 Investigator	Date Report Received
WPR22LA037	AS - WPR	Eric M. Gutierrez	11/18/2021