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# 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**
Nearest City/Place: ANGWIN State: CA
ZIP: _____ Country: U.S.A.
Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)

**Date/Time**
Date: 10-29-07 (mm/dd/yyyy) Local Time: 7:30 pm
Time Zone: _____

**Phase of Operation**
☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

**Collision with Other Aircraft**
☐ Midair
☐ On-ground
☒ None

**Altitude of In-Flight Occurrence**
_____ ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Piper
Model: Cherokee 140
Serial Number: 28-7125034
Registration Number: N-1721T
Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2150 lbs
Weight at Time of Accident/Incident: 1760 lbs
Location of Center of Gravity at Time of Accident/Incident:
_____ inches from ☐ nose or ☐ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

**Category of Aircraft**
☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

**Type of Airworthiness Certificate** *(Check all that apply)*

| Standard | Special |
|---|---|
| ☒ Normal | ☐ Restricted |
| ☒ Utility | ☐ Limited |
| ☐ Acrobatic | ☐ Provisional |
| ☐ Transport | ☐ Experimental |
| | ☐ Special Flight |
| | ☐ Light Sport |

Number of Seats: 4
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

**Landing Gear** ☐ Retractable
Check any additional landing gear configuration that applies:
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

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

**Last Inspection Type**
☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 12-08 (mm/dd/yyyy)

Airframe Total Time: 2300 hrs
hours measured at *(check one)*
☐ Last Inspection ☒ Time of Accident/Incident

**IFR Equipped**
☐ Yes ☒ No ☐ Unknown

**Stall Warning System Installed**
☒ Yes ☐ No ☐ Unknown

**Type of Fire Extinguishing System**
☐ None
☐ Specify small extinguishers

**ELT Installed** ☐ Yes ☐ No
**ELT Activated** ☒ Yes ☐ No
**ELT Aided in Locating Accident/Incident**
☐ Yes ☐ No

ELT Manufacturer: Emergency Beacon Corp.
Model/Series: EBC-102A
Serial Number: 94741
Battery Type: EBC-47 Battery Exp. Date: 5/2010

**Engine Type**
☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

**Reciprocating Fuel System Type**
☒ Carburetor
☐ Fuel Injected

**Propeller**
☒ Fixed Pitch
☐ Controllable Pitch
Manufacturer: Sencenich
Model: 74DM6-0-58

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. (mm/dd/yyyy) | Engine Rated Power Measured in (check one) ☒ Horsepower or ☐ lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|---|---|---|---|---|---|---|---|---|
| Eng. 1 | Lycoming | O-320-E2A | L-28575-27A | 1971 | 150 | 2300 | | 2000. |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

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## OWNER/OPERATOR INFORMATION

**Registered Aircraft Owner**
Name: Lee Mize
Fractional Ownership Aircraft: ☐ Yes ☐ No

**Owner Address** [redacted]
City: Granite Bay
State: CA. ZIP: 95746
Country: U.S.A.

**Operator of Aircraft** ☒ Same As Registered Owner
Name: Lee Mize
Doing Business As:
Air Carrier/Operator Designator (4 Character Code):

**Operator Address** ☒ Same As Registered Owner
City:
State: ZIP:
Country:

**Regulation Flight Conducted Under**
☑ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

**Revenue Sightseeing Flight** ☐ Yes ☐ No

**Air Medical Flight** ☐ Yes ☐ No

**Purpose of Flight**
for FAR 91, 103, 133, 137 *(Select one)*
☒ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

**Revenue Operation**
for FAR 121, 125, 129, 135 *(Select one)*
☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

**Domestic or International**
☐ Domestic ☐ International

**Cargo Operation**
☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

**Type of Commercial Operating Certificate Held**
*(Check all that apply)*
☐ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

## 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**
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

**Pilot of Other Aircraft**
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

## MECHANICAL MALFUNCTION/FAILURE *If more space is needed, continue on separate sheet*

**Was there Mechanical Malfunction/Failure?** ☐ Yes ☒ No ☐ Unknown
*(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

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

**Aircraft Damage**
☐ None ☒ Substantial
☐ Minor ☐ Destroyed

**Aircraft Fire**
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

**Aircraft Explosion**
☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

Both Wings, severely damaged, right Wheel detached
Horizonal stablizer severely damaged.

## AIRPORT INFORMATION *(If the accident/incident occurred on approach, takeoff or within 5 miles of an airport, complete this section)*

**Airport Identifier:** _____ **Distance From Airport Center:** _____ SM

**Airport Name:** Angwin **Direction From Airport:** _____ degrees MAG

**Proximity to Airport** ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip **Airport Elevation:** 1948 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 ☐ Sidestep ☐ 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: 23, b (L/R/C) Length: 3200 ft Width: _____ ft

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

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

**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

## FLIGHT ITINERARY INFORMATION

**Last Departure Point**

Airport ID: Auburn
City: Auburn
State: CA.
Country: USA.

**Time of Departure**

Time: 12 o'clock pm
Time Zone: _____

**Destination**

Airport ID: Angwin
City: Angwin
State: CA,
Country: USA

**Type Flight Plan Filed**

☐ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☒ VFR
Activated? ☐ Yes ☐ 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)*

40 Gallons

**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

**Other Services, if Any, Prior to Departure**

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## 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

open door and ran

## 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** *(Check/fill that apply)*
☒ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

**Method of Briefing** *(Check all that apply)*
☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☒ Unknown

**Briefing Type/Completeness**
☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☒ Unknown
☐ Not Pertinent

**Light Condition**
☐ Dawn
☐ Day
☒ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

**Visibility**
50 miles

**Sky/Lowest Cloud Condition**
☒ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

**Ceiling**
☒ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

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

**Lowest Cloud Condition Height**
_____ ft AGL

**Ceiling Height**
_____ ft AGL

**Wind Direction**
☐ Indicated: _____ degrees MAG
☐ Variable

**Wind Speed**
Velocity: _____ KTS
-or-
☒ Calm
☐ Light and Variable

**Wind Gusts**
Velocity: _____ KTS
☐ Gusting
☒ Not Gusting

**Type of Turbulence** *(Check all that apply)*
☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

**Severity of Turbulence**
☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

**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*
☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
*Type*
☐ Rime
☐ Clear
☐ Mixed

**Icing Actual**
*Amount*
☐ None
☐ Trace
☐ Light
☐ Moderate
☒ Severe
*Type*
☐ Rime
☐ Clear
☐ Mixed

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

**Intensity of Precipitation**
☐ Light ☐ Moderate ☐ Heavy

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## PILOT "A" INFORMATION

**Pilot "A" Responsibilities at the Time of Accident/Incident**

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

**Pilot "A" Identification**

First Name: Lee
Middle Initial:
Last Name: Mize

City: Granite Bay
State: CA. ZIP: 95746
Country: USA

Age at time of Accident/Incident: 25 Date of Birth: [redacted]-34 (mm/dd/yyyy)
Certificate Number: [redacted]

**Degree of Injury**
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious

**Seat Occupied**
☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single

**Seat Belt**
Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

**Shoulder Harness**
Used ☐ Yes ☐ No
Available ☐ Yes ☐ 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**
☐ 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 ☐ With limitations/waivers ☐ Unknown

**Date of Last Medical**
1-23-68 (mm/dd/yyyy)

**Medical Certificate Limitations**

**Medical Certificate Waivers**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 1-2008 (mm/dd/yyyy)

**Flight Review Aircraft**
Make: Piper
Model: Cherokee 140

**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 ☐ Free 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 ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ 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: Actual | Instrument: Simulated | Rotorcraft | Glider | Lighter Than Air |
|---|---|---|---|---|---|---|---|---|---|---|
| Total Time | 3800 | 1600 | 3800 | 0 | 746 | 0 | 0 | 0 | 0 | 0 |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 6 | 4 | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

## 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: _____ *mm/dd/yyyy* Certificate Number: _____

**Degree of Injury**
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

**Seat Occupied**
☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

**Seat Belt**
Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

**Shoulder Harness**
Used ☐ Yes ☐ No
Available ☐ Yes ☐ 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**
☐ 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
☐ With limitations/waivers
☐ Unknown

**Date of Last Medical**
_____ *mm/dd/yyyy*

**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)** *(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
☐ Free 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
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ 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 CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

**Pilot Name and Address**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

**Degree of Injury**
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

**Pilot Certificate(s)** *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

**Seat Occupied**
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ 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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**Pilot Name and Address**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

**Degree of Injury**
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

**Pilot Certificate(s)** *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

**Seat Occupied**
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ 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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**Pilot Name and Address**

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

**Degree of Injury**
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

**Pilot Certificate(s)** *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

**Seat Occupied**
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ 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 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: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | ____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | ____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | ____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | ____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | ____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | ____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | ____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | ____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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**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.

See attacked Paper

**RECOMMENDATION** (Use extra sheets if needed to list recommendations)

Operator/Owner Safety Recommendation

By waiting till the morning, so the lights wouldn't have been an issue.

On October 29, 2009, at 7:30 pm, I arrived to the airport and tested my fuel, checked oil, and controls and surfaces. My wife and I heard a pack of coyotes hallowing at the far end of runway 15. The designated takeoff line was approximately ¼ mile from the starting of the asphalt. When landing to the north you must clear tall trees and land long. I chose to extent the runway to the start of the asphalt, toward the trees which would give me a ¼ of a mile more runway. The turn around area is a large asphalt area, it slopes down to the runway, and my light would not shine all the way to the runway looking down . I tried to turn the runway lights on by clicking 5 times, no responds. I tried twice. I wanted to take off as soon as possible to avoid a possible encounter with the coyotes.

I did my run-up, magnetos check and carburetor deicer, then I picked a spot where I thought the runway was and gave it full power, went approximately two hundred yards and as I reached the speed of 65 mph, all at once I saw grass and dirt. I knew the area I was in and there were no obstacle or hazards in the area, at that time my wife screamed STOP, I felt my option were better to kept going, than to try to stop at the speed I was going on loose surface, all I needed was 10 mph faster to lift off- I said nothing to her, she begin to scream louder, STOP- STOP- STOP, by that time I'm doing 80 mph and trying to lift -off and steer the aircraft straight . Her seat was back a little farther back than mine and she was holding the yoke with both hands and her arms were straight out, her feet were on both pedals pushing, she panicked. I got my speed up to 80 to 85 mph I never backed off- the pedals and yoke were frozen. I hit a bob wire fence went across a dirt road and hit a chain length fence, which made me spin a round 180 degrees, the chain length fence acted as a cushion and probably saved our lives. I turned -off the master switch, my wife open up the door and we ran from the crash -site approximately 100 feet. My brother that I had been visiting saw it all.

NARRATIVE HISTORY OF FLIGHT

(8)

**ADDITIONAL INFORMATION** *(Please type or print in ink)*
Use this space if additional space is needed for any answers.

| Date of this Report | Signature and Name of Pilot/Operator |
|---|---|
| 11-6-09 mm/dd/yyyy | Signature: [redacted] Type or Print Name: Lee Mize |

**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

| NTSB Accident/Incident No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received |
|---|---|---|---|
| WPR10CA035 | WPR | K. DUNKS | 11/07/2009 |