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

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

BASI	C INFORMA	TION											
Accide	nt/Incident Loc	ation			7,		Accident/Incident Date/Time						
Nearest	City/Place: Talke	eetna			_State: A	\K	Date:	05-	31-2015	Lo	cal Time:	1750	
ZIP: 99	676 (	Country:							d/yyyy				
			Longitude:							Tu	me Zone: _	Alaska	
E-state Ho-Paul			legrees:minutes:sec				Colli	ision with	Other Air	eraft: @	Midair	OOn-groun	nd O None
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:	8525U					☐ IFR-Equipped and Certified ☐ Commercial Space Flight						
Manuf	acturer: Cessr	na						Unmanne		gut			
Model:	172F						Max	kimum Gr	oss Weigh	t: 2300		lbs	
Addition to the second	Number: 1725		77				Wei	ght at Tin	ne of Accid	ent/Inci	dent:		_ lbs
Year of	Manufacture:	1964					Nun	nber of Se	ats: 4		Flight Cr	ew Seats:	
Amate	ur-Built: OYes		OKit/Plans Mal								Passenge	r Seats:	
	<b>⊙</b> No		Original Design					nber of E	ngines: 1				
O Airplane O Balloon O Blimp/Dirigible O Glider O Gyroplane O Helicopter O Powered Lift O Rocket O Ultralight O Unknown  O Balloon Standard Special Restricted Limited D Restricted D I Restricted D Restricted D I Restricted D Restricted D I Restricted D I Restricted D I Restricted D I I I I I I I I I I I I I I I I I I I			☐ Tricycle ☐ Amphibia ☐ Emergence ☐ Float ☐ Hull	that apply)  Retractable  Tailwheel  Tailwheel					Rocket id Rocket nown				
Engine	Engine Manufa	cturer	Engine Model/Series		The state of the s	facturer's of Mfg. Number mm/dd/yyyy		Rated Pow     Horsep     Ibs of	ower or	Total Time (hours)	Time Inspection (hours)	Since: Overhaul (hours)	
Eng. I	Lycoming	cturer	0-320-E2D		28162-2		1	nine dice yyyy	150		2088.2	2088.2	(
Eng. 2													
Eng. 3													
Eng. 4													
●100-H ○ AAIP ○ Annu	OCono OUnki					OGround McCauley	Pritch Propeller 2 OFixed Pitch OControllable Pitch OGround Adjustable Manufacturer:  Model:						
Date L	ast Inspection:	mm/dd/yy	vv	ELT In	stalled:	⊙Yes O	No				ipment (	Check all that	t apply)
Airfran	ne Total Time:			If Yes:					□ ADS	S-B rame Para	chute		
	rs measured at (S					er:					ck Indicate	or	
OLast Inspection OTime of Accident/Incident Model or Part No.:  TSO No.: OC91 (121.5 MHz)					_	(121.5 MH	z) Auto		_				
Type of Maintenance Program (Select one)  O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify:  Did ELT Activate?  Did ELT Aid in Locating Airworthiness				unted in aircra inected to anter ? OYes ON	□ Electronic Flight Bag or Handheld Device □ Electronic Multifunction Display □ Electronic Primary Flight Display □ Handheld GPS □ Heads Up Display □ Onboard Weather				vice				
	otion of Fire Ex	tinguishing	System	If not ac Indicate	ctivated: Reason:	☐ Impact Dar ☐ Fire Damag ☐ Battery Exp ☐ Unknown	ge	Damaged	☑ Stall	Warning to Record			

OWNER/OPERATOR INFORMA	ATION	
Registered Aircraft Owner		City: 821 Airport Road
Name: Artic's Air Academy, LLC		Cor
Fractional Ownership Aircraft: O Yes O	No	Country: USA
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Characte	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
□ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (FAR 129) □ Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight O Non-US, Commercial	431 Non-Scheduled or Air Taxi International
□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	O Non-US, Non-commercial  O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Aerial Application OFirefighting OUnknown O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow Oother Work Use O Business OPersonal O Executive/Corporate OPositioning
D. Ci-lateries Elista	Air Medical Flight	O External Load O Skydiving
Revenue Sightseeing Flight  O Yes  O No	Air Medical Flight  ○ Yes ○ No	OFerry
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Talkeetna		Distance From Airport Center: _8sm
Airport Identifier: PATK		Direction From Airport: 36 degrees true
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 358 ft. msl
Runway Information  Runway ID:(L/R/C) Length:  Runway/Landing Surface (Check all that a grass/Turf	adam Water	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	2	proach ODownwind OLow Approach
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ap OLanding	OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown
IFR Approach (Check all that apply) ☑None		VFR Approach (Check all that apply)  None
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	☐ Traffic Pattern ☐ Stop and Go☐ Touch and Go☐ Touch and Go☐ Simulated Forced Landing☐ Go Around ☐ Forced Landing☐ Precautionary Landing☐ Unknown☐ Unknown☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

"FLIGHT CREWMEM	BER 1" INFORI	MATION								
"Flight Crewmember 1" Re	Student Pilot	Flight Instr	ccident/Incident	<b>dent</b> Check Pilot	O Flig	ht Engineer	O Other	Flight Crew	F	
"Flight Crewmember 1" wa	s pilot flying ☐Ye	s 🗆 No	-11-21							
"Flight Crewmember 1" Ide	entification									
First Name: Cole				-(-4)	City of Re	esidence: E	agle River			
Middle Initial:					State: Ala	aska		ZIP: 99577	7	
Last Name: Hagge				_	Country:					
Age at time of	Accident/Incident: 2	7	Date of Bir	rth:		37 m				
		Certi	ficate Numb	per:						
Degree of Injury	Seat Occupied			Re	estraint T	ype			Inflatable I	Restraints
O None O Fatal O Left O Front O Unknown Available Used O None O Single O None					O None O Lap onl	v	□ Not Ins			
Pilot Certificate(s) (Check al	l that apply)				⊙ 3-poi	nt	O3-point		Not De	
☐ None ☐ Flight I ☐ Private ☐ Recreat ☐ Student ☐ Sport	tional	e Transport Engineer	☐ US Mili ☐ Foreign		O 4-poi O 5-poi O Unkn	nt	O 4-point O 5-point O Unknov		☐ Deploy ☐ Unknow	
Principal Occupation	Medical Certificate			M	edical Cer	rtificate Va	lidity		Date of Las	st Medical
O Pilot O Other	O None O Class 1 O Driv O Class 2 O Unkn	er's License	(Sport Pilot o	only)	Without lin	nitations/wai	vers 💿 U	Inknown I/A	mm/dd/y	יטע
Medical Certificate Special	Issuance									
Date of Last Flight Review or Equivalent, Including			eview Aircr						312	
FAR 121/135 Checks:	mm/dd/yyyy	Model:								
Airmlan a Dating(a)	Other Aircraft Rat	1,000,000,000,000	1	nt Rating(	(e)	Instructo	r Rating(s)			
Airplane Rating(s) (Check all that apply)	(Check all that apply)	100000000000000000000000000000000000000	The property of the second second		(8)		01/			
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	□ None       □ Instrument Airplane         □ Airplane       □ Airplane Single-Engine       □ Instrument Helicopte         □ Helicopter       □ Airplane Multi-Engine       □ Helicopter         □ Gyroplane       □ Glider         □ Powered Lift       □ Sport								
Type Ratings						Student E	Endorseme	nts (Include	dates)	
Flight Time (Enter appropriate number of hours in each box)	10000 0	Make Model	Airplane Single Engine	Airplane Multiengine	e Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor			100 - 100 -							
This Make/Model										
Last 90 Days										
Last 30 Days		_			+	-			+	
Last 24 Hours			.,						1	

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot O Student Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" w	as pilot flying Ye	es 🔲 N	o							
"Flight Crewmember 2" Ic	lentification									
First Name:	First Name: City of Residence:									
Middle Initial:				St	ate:		Z	IP:		
Last Name:										
	Accident/Incident:									
Age at time of	Accident meident.		ficate Number:				2222			
Degree of Injury	Seat Occupied	Corti	ireate ivanioer.		traint T	vne			Inflatable R	estraints
O None O Fatal		DFront	OUnknown	1435.000		iri r	Used		innatable it	esti umes
O Minor O Unknown		Rear		1 '	Availab O None		O None		□ Not Inst	alled
O Serious	O Center C	Single			O Lap	only	O Lap only		☐Installed	
Pilot Certificate(s) (Check of	van n. 175 200 <u></u>		v <del></del>	_	O 3-po O 4-po		O 3-point O 4-point		☐ Not Dep ☐ Deploye	
	Instructor	nercial e Transport	☐ US Milita ☐ Foreign	ry	O 5-po		O 5-point		Unknow	
☐ Private ☐ Recre ☐ Student ☐ Sport		Engineer	□ Totelgii	1	O Unk	nown	O Unknow	'n		
	- V5W W				10 0 10				Date of Las	(Market
Principal Occupation	Medical Certificate	_		100000		rtificate Val	2007/00/00		Date of Las	t Medicai
O Pilot O Other	O None O Class O Class 1 O Driv		e (Sport Pilot onl	_		mitations/waivers		nknown /A		
O Unknown	O Class 2 O Unk		c (opert i not om		pecial Is				mm/dd/yy	ינינ
Medical Certificate Limita	tions									
Medical Certificate Specia	l Issuance									
19										
Date of Last Flight Review		Flight F	Review Aircraf	ft						
or Equivalent, Including FAR 121/135 Checks:		Make:								
FAR 121/155 CHECKS:	mm/dd/yyyy									
Airplane Rating(s)	Other Aircraft Ra	ting(s)	Instrument	Rating(s)	)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply)	A STATE OF THE PARTY OF THE PAR	(Check all the	The state of the s		(Check all th				
☐ None	None		None			□ None			Instrument A	
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplane ☐ Helicopte	21		☐ Airplane ☐ Airplane			Instrument H Helicopter	elicopter
☐ Multiengine Land	Glider		□ Powered 1			Gyroplan			Glider	
☐ Multiengine Sea	☐ Gyroplane		TO THE COURT OF THE PERSON NAMED IN			☐ Powered	Lift		Sport	
	☐ Helicopter ☐ Powered Lift							#1		
Type Ratings	test contracts and					Student Er	dorsement	s (Include d	lates)	
Flight Time (Enter appropri	ate All Thi	s Make	Airplane Single	Airplane		Insti	rument		PARAMETER .	Lighter
number of hours in each box)	Aircraft &	Model		fultiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)					· us					
Time as Instructor										
This Make/Model	Work Service							E STATE OF S	The first of the second	
Last 90 Days					-				-	
Last 30 Days					-					
Last 24 Hours										

ADDITIONAL FLI	GHT CREWMEN	MBERS	(Exclusiv	re of cabin cr	ew, complete	the followin	g information)		
Crew Name and Add	ress						Seat Occupie	d	Injury
First Name: Middle Initial: Last Name:		Stat	State: ZIP:				O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply)  None   Flight Instructor   Commercial   US Military   Foreign   Student   Sport   Flight Engineer  Type Rating/Endorsement for   Total Flight Time at the Time   Accident/Incident Aircraft?   Yes   No   No   No   No   No   No   No   N						Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	pe: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown	
Crew Name and Add	ress						Seat Occupie	d	Injury
Crew Name and Address						OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (Check all that apply)  None   Flight Instructor   Commercial   US Military   Private   Recreational   Airline Transport   Foreign   Student   Sport   Flight Engineer  Type Rating/Endorsement for   Total Flight Time at the Time   Accident/Incident Aircraft?   Yes   No   of this Accident/Incident:				hrs	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Vsed O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown		
PASSENGER(S)	AND THE RESIDENCE OF THE PROPERTY.						t if necessary)		
Name and Address				Seat	Injury	Restraint T	ype	Inflatable Restraints	Age
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
First Name: Middle Initial: Last Name:	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used ONone Lap Only 3-point 4-point 5-point Unknown	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
First Name: Middle Initial: Last Name:	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	□Under 5 years
First Name:	State:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years

FLIGHT ITINERARY	INFORMATION	V			William Committee of the Committee of th			
Last Departure Point		e of Departure	Destination	on		Type Fligh	ht Plan Filed	
Airport ID: PAAQ		100	Airport ID:	PAAQ				
City: Palmer		The state of the s	mer		O Compan			
The state of the s	Time	Zone:	A 611			O Military O VFR	VFR O Unknown	
State: Alaska	Time	20110	N. 12000011010000000000000000000000000000				OYes ONo OUnkno	
Country: USA			Country: L	15A		Activateu:	Ores Ono Ochkin	
	ervice (Check all that a Special VFR  IFR	☐ Special IFR				☐ VFR Flight Following ☐ Traffic Advisory		
Airspace where the accide						Aldiand of the Flight		
☐ Class A ☐ Class B ☐ Class C ☐ Class D	☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Mil	itary Operations port Advisory A Training Area SA		□ Special □ Air Traffic Cont □ Unknown	rol Area	Altitude of In-Flight Occurrence:ft ms	
WEATHER INFORM	IATION AT THE	ACCIDEN'	T/INCIDEN	T SITE				
Source of Pilot Weather In					bservation Facility	,		
(Check all that apply)				Facility ID:				
☐ National Weather Service	☐ Com	Training 1		l .	ime:			
☐ Flight Service Station ☐ TV/Radio	☐ Milit			5765 1356				
☑ Automated Report	□ None			I have been been been been been been been be	Accident Site:			
☑ Commercial Weather Service	ce (DUATS) Unkr	nown			The same and the s			
On-Board Weather				Direction from	n Accident Site:		degrees true	
Basic Conditions		Light Condit		0.0	L.NELL OU	nknown		
O VMC O IMC		ODawn ⊙Day	ODusk ONight	Participant of the Control of the Co	rk Night OUr ght Night	iknown		
OUnknown		ODE,	Orvigin	02	5			
Sky/Lowest Cloud Conditi	ion	Ceiling			Temperature:		(C) or(F)	
⊙ Clear	O Thin Broken	None (Clear	) 0	Obscured				
O Few	O Thin Overcast	O Broken		Indefinite	Dew Point: _	((	C) or(F)	
O Partial Obscuration O Scattered	O Unknown	O Overcast	O	Unknown	Altimeter Sett	ting:	in. Hg	
Lowest Cloud Condition 1	Height	Ceiling Heigh	t			or	MB	
Lowest Cloud Condition I	ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	5/5	miles	
☐ Variable	□ Calm		☑ Not Gustin	ıg				
	☐ Light and Varia	ible	<b>—</b> 11.000.0000000000000000000000000000000					
-or-	-or-		-or-		RVV	V:miles		
Direction:degrees tru	e Speed:	kts	Speed:	kts	Density Altitu		ft	
Intensity of Precipitation	Type of Precipit	ation (Check all	that apply)		Restriction to	Visibility (	Check all that apply)	
OLight	☑ None	☐ Drizzle	☐ Freezin		☑ None		Fog	
O Moderate	Rain	☐ Ice Pellets ☐ Snow Pellet	Snow S		☐ Blowing Di		Ground Fog Haze	
O Heavy O N/A	☐ Snow ☐ Hail	Snow Grain	100		☐ Blowing Sn	low 🗆	Ice Fog	
OUnknown	Rain Showers	☐ Ice Crystals			☐ Blowing Sp		Smoke	
		- was a second			Dust	Ц	Unknown	
Icing Forecast		Icing Actual	T		Turbulence Type (Check of	II al a l. i	Severity	
Amount Type  None O N/A		O None	O N/A		✓ None	иі інаі арріу)	Light	
O Trace O Rime		O Trace	O Rime	:	Clear Air	1 430	□Moderate	
O Light O Clear		O Light	O Clear		☐ Terrain-Ind		☐ Severe ☐ Extreme	
O Moderate O Mixed O Severe O Unkno	O Moderate O Severe	O Mixe O Unkr		L'Convective	Turbulence	□ Extreme		
O Unknown	OWII	OUnknown	Chin	55/615%				
NOTAM (D. LEDG)	AIDMET- CICA	TET DIDER	o in offert -t	the time of	the equident/inst	donte		
NOTAMs (D and FDC),	AIRMETS, SIGN	IE IS, PIKEP	s in effect at	the time of t	me accident/incl	uent:		
1								
I								

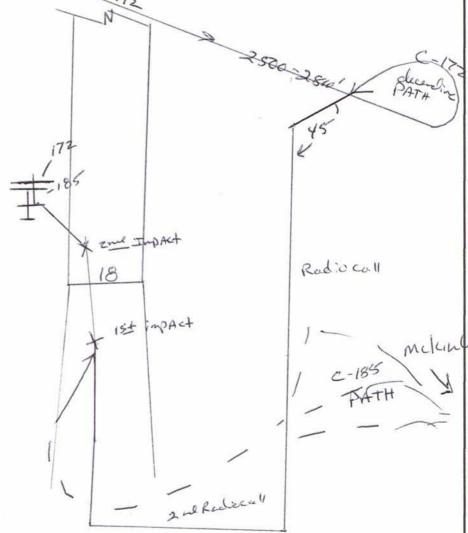
DAMAGE	DAMAGE TO AIRCRAFT AND OTHER PROPERTY									
Aircraft Da	mage	Aircraft Fire		Aircraft Explosion	n					
O None O Minor	O Substantial O Destroyed O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown					

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

Total Loss - Impact from rear by another A/C. Damage extends from tail to rear of front seats in cabin. Front of A/C destroyed on impact with ground.

## 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.



While landing, our Cessna 172 was approximately 100 feet in the air and was hit from behind by a Cessna 185. The Cessna 185 modified dog leg to base and final "u-turn", flew through final in a right turn and collided into our Cessna 172 from above and back left. Right Cessna 185 flap hit Cessna 172 beacon and engine impacted rear cargo. Both A/C continued 75 - 100 feet then fell in a 45 degree angle to the runway with enough force to start separating both A/C lading gear.

RECOMMENDATION (How	could this	accident/incident ha	we been pre	vented?)			
Operator/Owner Safety Recomm		accidentificacine ne	ive been pre	venteury			
All A/C use standard pattern p Commercial operators need to Radio and non-radio A/C are p	enter the	pattern (especially	"right" patte	rns), so t		nd avoid traffic.	
MECHANICAL MALFU	UCTION/	EAILLIPE (If mor	o enace is n	poded co	entinue en cons	rata shoot)	
Was there Mechanical Malfun	Harman Company		e space is in	eeded, co	onunue on sepa	rate sheety	Total Time/Cycles
(If yes, list the name of the part, man	ufacturer, par	t no., serial no., and de.	scribe the failt	re.)			On Part
	23						Hours
							Cycles
							Time Since This Part
							Inspected/Overhauled
54							Hours
FUEL & SERVICES INF	ORMATI	ON					
Fuel on Board at Last Takeoff		Fuel Type			ACTOR TO SERVICE AND ADDRESS.		
(Convert from pounds, as necessary)		O 80/87	O 115/145		O Jet B	O Other, specify	
42	Gallons	O 100 Low Lead O 100/130	O Jet A O Jet A-1		O JP8 O Automotive		
Other Services, if Any, Prior to	Denarture	_ T	O JOI A-1		O Automotive		
Other Services, if Any, 1 from to	Departure						
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation	of the aircr	aft performed?	☐ Yes	☑ No			
Method of Exit - Describe how	the occupan	ts exited and how ma	any occupant	s evacuate	ed each location	1	
Pilot exited through A/C Left of	door						
l not omice an ought to be a							
OTHER AIRCRAFT C	OL LISIO	N ne :	- 111-1			Alon for other siness	(a)
OTHER AIRCRAFT - C							nage to Other Aircraft
Aircraft Registration Number		urer:					Destroyed  Minor
						Ds	Substantial
Registered Owner of Other Air	reraft			Pilot of	Other Aircraft		
Name:							
City: 7IP:				City:		7IP·	
State:ZIP:		4.2.		Country			

ADDITIONAL INF	ORMATI	ON (Please type or print in ink)		
		e is needed for any answers.		
I HEREBY CERTIFY Date of this Report  06-09-2015  mm/dd/yyyy	Name of Signatur	HE ABOVE INFORMATION IS COMPL Pilot/Operator: e: Check here to electronically sign this		
Name: Artic Wi	ın Pilot/Op	perator is Filing Report  o electronically sign this document	Title: Opera	ations Manager
NTSB Accident/Incid ANC15LA033E		Reviewed by NTSB Regional Office ALASKA	Name of Investigator SHAUN WILLIAMS	Date Report Received 6/9/2015