

**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: Talkeetna State: AK  
 ZIP: 99676 Country: \_\_\_\_\_  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 05-31-2015 Local Time: 1750  
*mm/dd/yyyy* Time Zone: Alaska  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** 8525U  
**Manufacturer:** Cessna  
**Model:** 172F  
**Serial Number:** 17252425  
**Year of Manufacture:** 1964  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design *Make:* \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 2300 lbs  
**Weight at Time of Accident/Incident:** \_\_\_\_\_ lbs  
**Number of Seats:** 4 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
**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)*
- |   |   |
|---|---|
| <b>Standard</b>                             | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal  | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic          | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon            | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter           | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport          | <input type="checkbox"/> Experimental             |
| <input checked="" type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport      |
|   | <input type="checkbox"/> Experimental Light-Sport |
- Certificate of Authorization or Waiver (COA)  
 None  Unknown

- Landing Gear**  
*(Check all that apply)*
- Retractable
- |  |                                    |
|--|------------------------------------|
| <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 |
- Other Launch/Recovery System  
 None  Unknown

- Engine Type (Select one)**
- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> 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 <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Lycoming	0-320-E2D	28162-27A		150	2088.2	2088.2	
Eng. 2								
Eng. 3								
Eng. 4								

**Last Inspection Type**

100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

**Date Last Inspection:** \_\_\_\_\_  
*mm/dd/yyyy*

**Airframe Total Time:** \_\_\_\_\_ hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**

Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

Manufacturer: McCauley  
 Model: 710926

**Propeller 2**

Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

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

**ELT Installed:**  Yes  No

*If Yes:*  
**ELT Manufacturer:** \_\_\_\_\_  
**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

*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: Installed GPS

**Description of Fire Extinguishing System**

None  
 Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**  
 Name: Artic's Air Academy, LLC City: 821 Airport Road  
 State: Alaska ZIP: 99645  
 Fractional Ownership Aircraft:  Yes  No Country: USA

**Operator of Aircraft**  Same As Registered Owner  Same Address as Registered Owner  
 Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_ Country: \_\_\_\_\_

<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<b>Regulation Flight Conducted Under</b> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437  <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial  <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local  <input type="radio"/> Unknown	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i>  <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International  <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
	<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No

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

Airport Name: Talkeetna Distance From Airport Center: .8 sm  
 Airport Identifier: PATK Direction From Airport: 36 degrees true  
 Proximity to Airport:  Off Airport/Airstrip     On Airport/Airstrip     N/A  
 Airport Elevation: 358 ft. msl

<b>Runway Information</b> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> 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

<b>IFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling  <input type="checkbox"/> Unknown	<b>VFR Approach</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing  <input type="checkbox"/> Unknown
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<b>"FLIGHT CREWMEMBER 2" INFORMATION</b>																																																																																																				
<b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b> <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
<b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																				
<b>"Flight Crewmember 2" Identification</b> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			<b>Restraint Type</b> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Available</b></td> <td style="width: 50%; border: none;"><b>Used</b></td> </tr> <tr> <td style="border: none;"><input type="radio"/> None</td> <td style="border: none;"><input type="radio"/> None</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Lap only</td> <td style="border: none;"><input type="radio"/> Lap only</td> </tr> <tr> <td style="border: none;"><input type="radio"/> 3-point</td> <td style="border: none;"><input type="radio"/> 3-point</td> </tr> <tr> <td style="border: none;"><input type="radio"/> 4-point</td> <td style="border: none;"><input type="radio"/> 4-point</td> </tr> <tr> <td style="border: none;"><input type="radio"/> 5-point</td> <td style="border: none;"><input type="radio"/> 5-point</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Unknown</td> <td style="border: none;"><input type="radio"/> Unknown</td> </tr> </table>			<b>Available</b>	<b>Used</b>	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																													
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<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			<b>Medical Certificate Limitations</b>  			<b>Medical Certificate Special Issuance</b>  																																																																																												
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy				<b>Flight Review Aircraft</b> Make: _____ Model: _____																																																																																																
<b>Airplane Rating(s)</b> <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			<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<b>Instructor Rating(s)</b> <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																																																																																											
<b>Type Ratings</b>							<b>Student Endorsements</b> <i>(Include dates)</i>																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make &amp; Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											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										
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**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

<b>Crew Name and Address</b>		<b>Seat Occupied</b>		<b>Injury</b>
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Restraint Type:</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs		

<b>Crew Name and Address</b>		<b>Seat Occupied</b>		<b>Injury</b>
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
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<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
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## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

### Aircraft Damage

- None       Substantial  
 Minor       Destroyed  
 Unknown

### Aircraft Fire

- None       Both Ground and In-Flight  
 In-Flight       Fire at Unknown Time  
 On-Ground       Unknown

### Aircraft Explosion

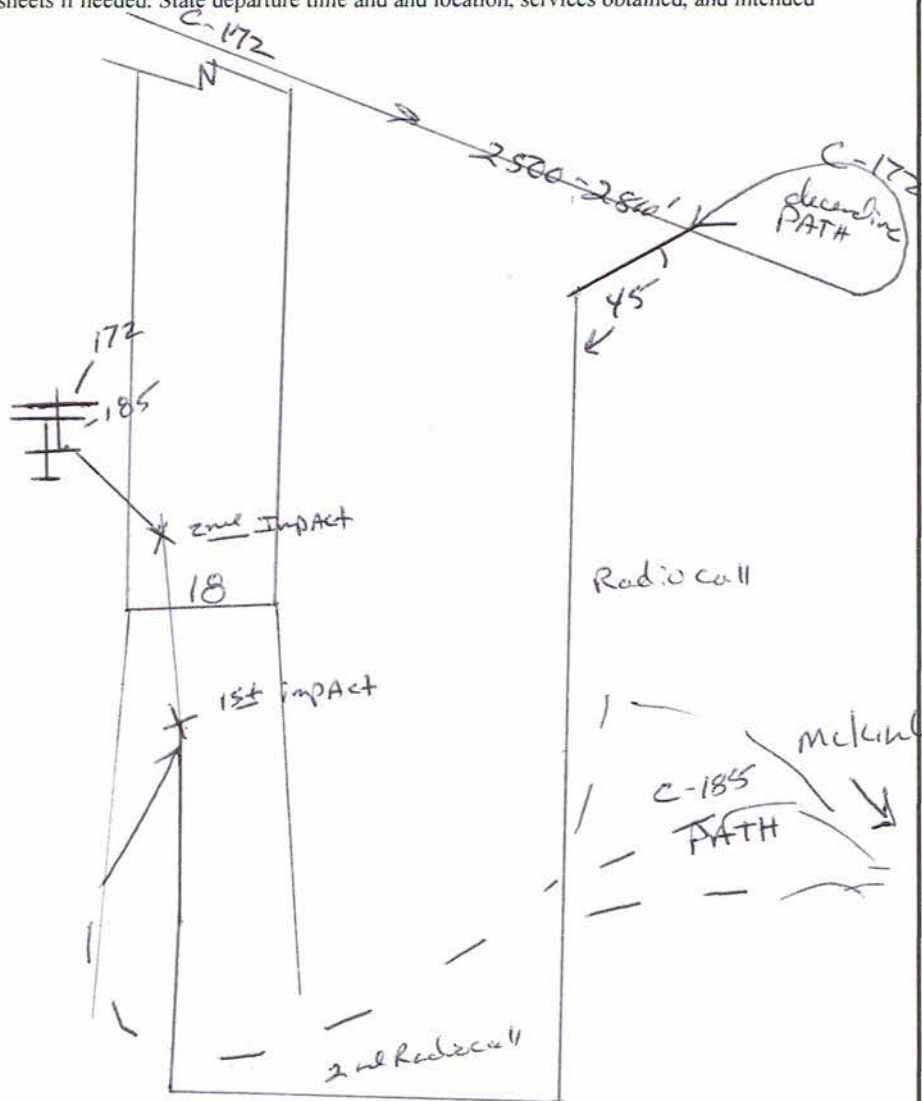
- None       Both Ground and In-Flight  
 In-Flight       Explosion at Unknown Time  
 On-Ground       Unknown

### 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 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 landing gear.

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

## Operator/Owner Safety Recommendation

All A/C use standard pattern procedures at Class E and above airports.  
 Commercial operators need to enter the pattern (especially "right" patterns), so they can see and avoid traffic.  
 Radio and non-radio A/C are protected a little better by doing a full recommended pattern.

**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)

42 \_\_\_\_\_ 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

Pilot exited through A/C Left door

**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**06-09-2015  
*mm/dd/yyyy***Name of Pilot/Operator:** \_\_\_\_\_**Signature:** \_\_\_\_\_-- or --  Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report****Name:** Artic Wikle**Title:** Operations Manager**Signature:** \_\_\_\_\_-- or --  Check here to electronically sign this document**FOR NTSB USE ONLY****NTSB Accident/Incident No.**  
ANC15LA033B**Reviewed by NTSB Regional Office**  
ALASKA**Name of Investigator**  
SHAUN WILLIAMS**Date Report Received**  
6/9/2015