

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:

- ☒ Off Airport/Airstrip
☐ On Airport
☐ On Airstrip

ACCIDENT/INCIDENT LOCATION:

Nearest City/Place: Ketchikan
State: AK Zip: 99901
Latitude: _____ Longitude: _____

DATE/TIME:

Date: 06-19-02 Day of week: Wednesday
Local Time: 1605 Time Zone: Alaska

PHASE OF OPERATION:

- ☒ Standing ☐ Takeoff (including initial climb) ☐ Cruise ☐ Approach ☐ Hover/Maneuvering Tied To Dock.
☐ Taxi ☐ Climb ☐ Descent ☐ Landing ☐ Altitude of In-Flight occurrence _____ Feet MSL

AIRPORT INFORMATION

PROXIMITY TO AIRPORT:

- ☐ On Approach ☐ Downwind ☐ Final ☐ Go Around
☐ Crosswind ☐ Base leg ☐ Landing

Airport Name: Ketchikan water front
Identifier: WFB
Distance From Airport Center: 2 SM
Direction From Airport: 080 Magnetic

RUNWAY/LANDING SURFACE CONDITION:

- ☐ Dry ☐ Snow-Crusted ☐ Rubber Deposits
☐ Wet ☐ Snow-Compacted ☐ Soft
☐ Ice Patches ☐ Vegetation ☐ Rough
☐ Ice Covered ☒ Water-Calm ☐ Slush
☐ Snow-Dry ☐ Water-Choppy ☐ Holes
☐ Snow-Wet ☐ Water-Glassy ☐ Muddy

RUNWAY INFORMATION:

Runway ID: _____
Length: _____
Width: _____
Apt. Elev: _____ Ft. MSL

RUNWAY/LANDING SURFACE:

- ☐ Macadam ☐ Grass/Turf
☐ Asphalt ☐ Snow
☐ Concrete ☐ Ice
☐ Gravel ☐ Water
☐ Dirt

APPROACH INFORMATION

IFR APPROACH

- ☐ ADF/NDB ☐ ILS-Complete ☐ MLS ☐ Visual
☐ SDF ☐ ILS-Localizer ☐ LDA ☐ Contact
☐ VOR/TVOR ☐ ILS-Back course ☐ ASR ☐ Circling
☐ VOR/DME ☐ RNAV ☐ PAR ☐ Practice
☐ TACAN ☐ GPS ☐ Sidestep

VFR APPROACH

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

AIRCRAFT INFORMATION

Manufacturer: de Havilland
Model: DHC-6 300
Max Gross Wt: 12500 Lbs

Homebuilt: ☐ Yes ☒ No
Serial No.: 771
Empty Wt: 8527.7 Lbs

CATEGORY OF AIRCRAFT:

- ☒ Airplane ☐ Blimp/Dirigible
☐ Helicopter ☐ Ultralight
☐ Glider ☐ Gyroplane
☐ Balloon ☐ Other

TYPE OF AIRWORTHINESS CERTIFICATE

- STANDARD**
☒ Normal
☐ Utility
☐ Acrobatic
☐ Transport
☐ Experimental
- SPECIAL**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight

LANDING GEAR

- ☐ Tricycle - Fixed ☐ Hull ☐ High Skid
☐ Tricycle - Retractable ☒ Float ☐ Tandem
☐ Tailwheel - All Fixed ☐ Emerg. Float ☐ Other _____
☐ Tailwheel - All Retractable ☐ Ski
☐ Tailwheel - Retractable Mains ☐ Ski/Wheel
☐ Amphibian ☐ Skid

STALL WARNING SYSTEM INSTALLED

- ☒ Yes ☐ No

IFR EQUIPPED

- ☒ Yes ☐ No

ENGINE TYPE

- ☐ Reciprocating - Carburetor ☒ Turbo Prop ☐ Turbo Fan
☐ Reciprocating - Fuel Injected ☐ Turbo Jet ☐ Turbo Shaft
☐ Reciprocating - Turbocharged

TYPE OF PROPELLER

- ☒ Controllable Pitch
☐ Fixed Pitch

NUMBER OF SEATS

Flight Crew 3 Passenger 17
Cabin Crew _____

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| Engine Manufacturer <u>Dratt & Whitney</u> | | Engine Model/Series <u>P76A-27</u> | | Engine Rated Power <u>680</u> Horsepower or <u>90</u> Lbs of Thrust | | Type of Fire Extinguishing System Used <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Pacific Scientific</u> | |
| Engine(s) | Date of Mfg. | Mfg. Serial No. | Total Time | Time Since Inspection | Time Since Overhaul | | |
| Engine No. 1 | <u>6/28/1969</u> | <u>PL-E40304</u> | <u>38,253.0</u> Hours | <u>106.1</u> Hours | <u>14,706.4</u> Hours | | |
| Engine No. 2 | <u>9/29/1969</u> | <u>PL-E40388</u> | <u>20017.3</u> Hours | <u>106.1</u> Hours | <u>19316.6</u> Hours | | |
| Engine No. 3 | <u>NA</u> | | Hours | Hours | Hours | | |
| Engine No. 4 | <u>NA</u> | | Hours | Hours | Hours | | |
| Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Homebuilt) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Specify _____ | | | Last Inspection | | | | |
| | | | Type <input type="checkbox"/> Annual <input type="checkbox"/> 100 Hour <input type="checkbox"/> AAIP <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Condition Inspection | | Date Performed (M/D/Y) <u>5/23/02</u> Airframe Total Time at Last Inspection <u>25626.8</u> Hours Airframe Time Since Last Inspection <u>106.1</u> Hours | | |
| Emergency Locator Transmitter (ELT) | ELT Manufacturer <u>NARCO</u> | Model/Series <u>ELT 110</u> | Serial Number <u>5574</u> | Battery Date (M/D/Y) <u>EXP 7/02</u> | | | |
| | Switch <input type="checkbox"/> On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Armed | Operated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Aided In Accident Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown/NA | | Battery Type <u>Alkaline</u> (Alkaline, Lithium, etc.) | | |
| Registered Aircraft Owner <u>KEVIN M HACK</u> | | | | City <u>KETCHIKAN</u> State <u>ALASKA</u> | | | |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name <u>KEVIN M HACK</u> Doing Business As: <u>PROMECH AIR</u> | | | | City/State <input checked="" type="checkbox"/> Same As Registered Owner | | | |
| Air Carrier/Operator Designator (4 Character Designator) | | | | | | | |
| Type of Operation <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 125 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 133 | | | FAR 121, 125, 127, 129, 135 Revenue Operations <input checked="" type="checkbox"/> Scheduled/Commuter <input checked="" type="checkbox"/> Non Scheduled/Air Taxi | | Revenue Sightseeing Flight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Purpose of Flight (FAR 91, 103, 133, 137) <input type="checkbox"/> Personal <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Business <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Other _____ | | | <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Cargo <input type="checkbox"/> International <input checked="" type="checkbox"/> Passenger | | Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | <input type="checkbox"/> Passenger (How many? <u>16</u>) <input type="checkbox"/> Cargo (<u>NA</u> lbs.) <input type="checkbox"/> Other (Specify) <u>NA</u> | | Public Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Type of Certificate(s) Held | | | | | | | |
| Air Carrier Operating Certificate <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental (121) <input type="checkbox"/> Large Helicopter (127) <input checked="" type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Other Operator of Large Aircraft (125) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137) | | | | | | | |

| | | | | | | | | | |
|---|----------------|--|--|--|--|------------|---|--------|------------------|
| Pilot Name <u>Clifford S. Kamm</u> | | City <u>Ketchikan</u> State <u>Alaska</u> | | Nationality <u>USA</u> | | | | | |
| Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Airline Transport | | <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Flight Engineer | | <input type="checkbox"/> Military <input type="checkbox"/> Foreign <input type="checkbox"/> None <input type="checkbox"/> Other _____ | | | | | |
| Rating(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input checked="" type="checkbox"/> Multiengine Sea | | Instrument Rating(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter | | Instructor Rating(s) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Glider <input type="checkbox"/> Specify _____ | | | | | |
| Type Ratings/Student Endorsements (With Dates) | | Date of Last Flight Review Or Equivalent Including FAR 121/135 Checks (M/D/Y) | | Flight Review Aircraft Make <u>De Havilland</u> Model <u>DHC-6</u> | | | | | |
| Medical Certificate <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 | | Date of Last Medical (M/D/Y) <u>2-19-2002</u> | | Limitations <u>MUST wear corrective lenses</u> Waivers <u>Lenses</u> | | | | | |
| Age <u>39</u> Principal Occupation <u>Pilot</u> | | | | | | | | | |
| Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal | | Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Front <input type="checkbox"/> Rear | | Person Manipulating Controls At Time Of Accident <input type="checkbox"/> First Pilot <input type="checkbox"/> Second Pilot <input type="checkbox"/> Both Pilots <input type="checkbox"/> Non-Pilot <input checked="" type="checkbox"/> No One | | | | | |
| | | Who was pilot in command? <u>Clifford S. Kamm</u> | | Seat Belt Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Seat Belt Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Shoulder Harness Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>yes</u> | | Shoulder Harness Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Source of Pilot Flight Time Information <input checked="" type="checkbox"/> Pilot Logbook <input type="checkbox"/> Pilot/Operators Estimate <input type="checkbox"/> FAA Records <input checked="" type="checkbox"/> Company <input checked="" type="checkbox"/> Specify <u>Flight and Duty Records</u> | | | | | | | | | |
| Flight Time | ALL A/C | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | Rotorcraft | Glider | Lighter Than Air |
| | | | | | | Actual | Simulated | | |
| Total Time | <u>12900</u> | <u>880</u> | <u>12000</u> | <u>900</u> | <u>75</u> | <u>10</u> | <u>65</u> | | |
| Pilot In Command (PIC) | <u>12586.2</u> | <u>550</u> | <u>12000</u> | <u>550</u> | | | | | |
| Instructor | <u>0</u> | | | | | | | | |
| This Make/Model | | | | | | | | | |
| Last 90 Days | <u>250</u> | <u>230</u> | <u>20</u> | <u>230</u> | <u>0</u> | | | | |
| Last 30 Days | <u>170</u> | <u>160</u> | <u>10</u> | <u>160</u> | <u>0</u> | | | | |
| Last 24 Hours | <u>7</u> | <u>7</u> | <u>0</u> | <u>7</u> | <u>0</u> | | | | |
| FLIGHT ITINERARY INFORMATION | | | | | | | | | |
| Last Departure Point Airport ID _____ City _____ State _____ | | | Time of Departure <u>Ground school</u> Time <u>1605</u> Time Zone <u>ADT</u> | | Destination Airport ID <u>MPT</u> City <u>Marysville</u> State <u>ALASKA</u> | | Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR/IFR <input checked="" type="checkbox"/> Company <input type="checkbox"/> Military | | |
| Type of ATC Clearance/Service <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR <input type="checkbox"/> Special VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> VFR On Top <input type="checkbox"/> Cruise <input type="checkbox"/> Traffic Advisory | | | | | | | | | |
| Airspace where the accident occurred <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input checked="" type="checkbox"/> Class E <input type="checkbox"/> Class G <input type="checkbox"/> Demo Area <input type="checkbox"/> Warning Area <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area <input type="checkbox"/> Military Operating Area (MOA) <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Student Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93 <input type="checkbox"/> Special | | | | | | | | | |
| Load Description <input type="checkbox"/> None <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Cargo <input type="checkbox"/> Towing Glider <input type="checkbox"/> Other External <input type="checkbox"/> Parachutists <input type="checkbox"/> Water <input type="checkbox"/> Chemical <input type="checkbox"/> Livestock <input type="checkbox"/> Other _____ | | | | | | | | | |

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident

☒ Co-Pilot ☐ Dual Student ☐ Safety Pilot ☐ Check Pilot ☐ None (Pilot-Rated Passenger)

Pilot Name

City KETCHIKAN

Nationality

State ALASKA

U.S.A.

Certificate(s)

☐ Student ☒ Commercial ☐ Flight Instructor ☐ Military ☐ None
☐ Private ☐ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ Other

Rating(s)

☐ None ☐ Helicopter
☒ Single-Engine Land ☐ Glider
☒ Single-Engine Sea ☐ Free Balloon
☒ Multiengine Land ☐ Airship
☒ Multiengine Sea ☐ Gyroplane

Instrument Rating(s)

☐ None
☒ Airplane
☐ Helicopter

Instructor Rating(s)

☒ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Ground Instructor
☐ Helicopter ☐ Glider
☐ Specify

Type Ratings/Student Endorsements (With Dates)

Date of Last Flight Review Or Equivalent (M/D/Y)

Flight Review Aircraft

NO TYPE / NOT A STUDENT

05/11/2002

Model DHC-6-300 Make FLATS

Medical Certificate

☐ None ☐ Class 2
☒ Class 1 ☐ Class 3

Date of Last Medical (M/D/Y)

01/15/2002

Limitations

CORRECTIVE LENSES

Waivers

10D39125

Age

32

Principal Occupation

PILOT

Degree of Injury

☒ None
☐ Minor
☐ Serious
☐ Fatal

Seat Occupied

☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center NONE
WASNT IN A/C
WHEN IT HAPPENED

Person Manipulating Controls At Time Of Accident

☐ First Pilot ☐ Non-Pilot ☒ No One
☐ Second Pilot ☐ Both Pilots

Seat Belt Available

☒ Yes
☐ No

Who was pilot in command?

STEVE KAMM

Seat Belt Used

☐ Yes
☒ No

Shoulder Harness Available

☒ Yes
☐ No

Shoulder Harness Used

☐ Yes
☒ No

Source of Pilot Flight Time Information

☒ Pilot Logbook ☒ Company
☐ Pilot/Operator Estimate ☐ Specify
☐ FAA Records FLIGHT AND DUTY SHEETS

| Flight Time | All A/C | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | <u>7300+</u> | <u>230</u> | <u>7000+</u> | <u>245</u> | <u>39</u> | <u>1.2</u> | <u>47.0</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pilot In Command (PIC) | <u>6800+</u> | <u>230</u> <u>(610)</u> | <u>6800+</u> | <u>8</u> | <u>39</u> | <u>1.2</u> | <u>47.0</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Instructor | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| This Make/Model | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>4.3</u> | | | |
| Last 90 Days | <u>246.1</u> | <u>46.5</u> | <u>199.6</u> | <u>46.5</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>.2</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Last 30 Days | <u>70.4</u> | <u>35.4</u> | <u>35.0</u> | <u>35.4</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>0.2</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Last 24 Hours | <u>6.1</u> | <u>6.1</u> | <input checked="" type="checkbox"/> | <u>6.1</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

OTHER PERSONNEL PASSENGERS(S) (If more space is needed, continue on separate sheet)

| Name | Seat | Address (City & State ONLY) | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury |
|-----------------------|-----------|-----------------------------|------|-------------|-------------------------------------|--------------|-----|-------|----------------|--------------|-------------------------------------|
| 1. <u>Cloutier, C</u> | <u>1A</u> | <u>UNKNOWN</u> | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> |
| 2. <u>Cloutier, L</u> | <u>1B</u> | <u>UNKNOWN</u> | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> |
| 3. <u>Ruiz, C</u> | <u>1C</u> | <u>UNKNOWN</u> | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> |
| 4. <u>Baven, C</u> | <u>3A</u> | <u>UNKNOWN</u> | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> |
| 5. <u>Baven, M</u> | <u>3B</u> | <u>UNKNOWN</u> | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> |
| 6. <u>Serzing</u> | <u>3C</u> | <u>UNKNOWN</u> | | | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> |

| Source of Weather information (Pilot/Operator, Weather Observation Facility) | | Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Bright Night | | Visibility 12 Miles | Temp 12 (C) or (F) | | | | | | | | | | | | |
|---|---|---|---|--|---|----------|--------|--|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| Dew Point 09 (C) or (F) | Altimeter Setting MB or 3020 HG | Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few _____ Feet AGL <input checked="" type="checkbox"/> Scattered 2500 Feet AGL <input checked="" type="checkbox"/> Broken 3300 Feet AGL <input checked="" type="checkbox"/> Overcast 4500 Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscuration-Vertical Visibility _____ Ft. AGL | | | | | | | | | | | | | | | |
| Wind Information Direction 080 True or (Mag) Velocity 3 KTS Gusts _____ KTS | | Density Altitude 2500 Feet | Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Specify none | | | | | | | | | | | | | | |
| Restriction to Visibility <input checked="" type="checkbox"/> None <input type="checkbox"/> Haze <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Fog <input type="checkbox"/> Mist <input type="checkbox"/> Ice Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Other _____ | | Type of Precipitation <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Other _____ | | Icing <table border="0" style="width:100%;"> <tr> <th style="text-align: left;">FORECAST</th> <th style="text-align: left;">ACTUAL</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Trace</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Severe</td> </tr> </table> | | FORECAST | ACTUAL | <input checked="" type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> Trace | <input type="checkbox"/> Trace | <input type="checkbox"/> Light | <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Severe |
| FORECAST | ACTUAL | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> None | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Trace | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Light | <input type="checkbox"/> Light | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Severe | | | | | | | | | | | | | | | | |
| Source of Weather Briefing <input type="checkbox"/> None <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input checked="" type="checkbox"/> PATWAS/ATIS <input type="checkbox"/> Voice Response System <input type="checkbox"/> Other _____ <input type="checkbox"/> Commercial Weather Service <input type="checkbox"/> Company <input type="checkbox"/> TV/Radio <input type="checkbox"/> Military <input type="checkbox"/> DUAT | | Method of Briefing <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio | | Weather Observation Facility <input type="checkbox"/> Facility ID: DACT <input checked="" type="checkbox"/> Obs Time: 2353Z <input checked="" type="checkbox"/> Time Zone: ADT <input type="checkbox"/> Distance from Accident Site: 2 mi <input type="checkbox"/> Direction from Accident Site: 080 | | | | | | | | | | | | | |
| Briefing Type/Completeness <input type="checkbox"/> Standard <input type="checkbox"/> Abbreviated <input type="checkbox"/> Outlook <input type="checkbox"/> Limited By Pilot <input type="checkbox"/> Limited By Briefer <input type="checkbox"/> Full | | Turbulence (Multiple entry) <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme <input type="checkbox"/> In Clouds <input type="checkbox"/> Light Chop <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Vicinity of Thunderstorm <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate Chop | | | | | | | | | | | | | | | |
| Notams, Airmets, Sigmets | | | | | | | | | | | | | | | | | |
| FUEL & SERVICES INFORMATION | | | | | | | | | | | | | | | | | |
| Fuel on Board at Last Takeoff Gallons or 900 Pounds | | Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Specify _____ | | | | | | | | | | | | | | | |
| Other Services, If Any, Prior to Departure NONE | | | | | | | | | | | | | | | | | |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY | | | | | | | | | | | | | | | | | |
| Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed | | Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight | | Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight | | | | | | | | | | | | | |
| Description of Damage to Aircraft and Other Property Beta Elevator Damaged Rudder Damaged | | | | | | | | | | | | | | | | | |
| MECHANICAL MALFUNCTION/FAILURE | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> No If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure. <input type="checkbox"/> Yes | | | Total Time/Cycles On Part _____ Hours | | Time Since This Part Inspected/Overhauled _____ Hours | | | | | | | | | | | | |

| Complete the Following Information | | | |
|---|--|---|---|
| Pilot (C) Name | | City/State (ONLY) | Crew Position |
| Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____ | | | |
| Ratings/Endorsements | | Total Flight Time at the Time of This Accident/Incident | |
| Pilot (D) Name | | City/State (ONLY) | Crew Position |
| Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____ | | | |
| Ratings/Endorsements | | Total Flight Time at the Time of This Accident/Incident | |
| Pilot (E) Name | | City/State (ONLY) | Crew Position |
| Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____ | | | |
| Ratings/Endorsements | | Total Flight Time at the Time of This Accident/Incident | |
| Complete the Information for Other Aircraft | | | |
| Registration N353PM | Aircraft Manufacturer De Havilland | Aircraft Make/Model DHC-6-300 | Degree of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> None |
| Registered Aircraft Owner KEW M. HARR | | City/State (ONLY) KETCHIKAN ALASKA | |
| Pilot (F) Name TONY DUGGA | | City/State (ONLY) KETCHIKAN, ALASKA | |
| EVACUATION OF AIRCRAFT | | | |
| Assistance Received <input type="checkbox"/> None <input type="checkbox"/> Rope <input checked="" type="checkbox"/> Specify Flight crew Dependent aircraft <input checked="" type="checkbox"/> Outside Person(s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder through main exit door | | | |
| Method of Exit Describe which exits were used and how many passengers evacuated from each. MAIN EXIT DOOR ON DHC-6-300 16. Flight crew opened main exit door to let passengers out of aircraft. | | | |
| Operator/Owner Safety Recommendation (Optional) | | | |

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

AT 16:05 promech dock. capilot had JUST closed cabin door after loading Pax. I climbed in AC 235SA and sat in captian seat and turned to brief Pax when collision took Place.

~~Stall & Dismantle~~

Captain

N235SA

NARRATIVE HISTORY OF FLIGHT AND EVIDENCE REPORT

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETELY TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date of this Report

7/12/02

Signature of Pilot/Operator



Signature of Person Filing Report If Other than Pilot/Operator

1. Signature _____

2. Type or Print Name _____

3. Title _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ANCO2LA053B

Reviewed by NTSB Office Located At

ANCHORAGE, AK

Name of Investigator

L. LEWIS

Date Report Received

7/16/02

