

# 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: Seldovia  
 State: Alaska Zip: 99669  
 Latitude: N 60° 34' 13" Longitude: W 150° 34' 24"

#### DATE/TIME:

Date: 2-11-03 Day of week: Tuesday  
 Local Time: 12 P Time Zone: Alaska

#### PHASE OF OPERATION:

- ☐ Standing ☒ Takeoff (including initial climb) ☐ Cruise ☐ Approach ☐ Hover/Maneuvering  
☐ Taxi ☐ Climb ☐ Descent ☐ Landing ☐ Altitude of In-Flight occurrence 0 Feet MSL

### AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

#### PROXIMITY TO AIRPORT:

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

Airport Name: \_\_\_\_\_

Identifier: \_\_\_\_\_

Distance From Airport Center: \_\_\_\_\_ SM

Direction From Airport: \_\_\_\_\_ Magnetic

#### RUNWAY INFORMATION:

Runway ID: \_\_\_\_\_  
 Length: \_\_\_\_\_  
 Width: \_\_\_\_\_  
 Apt. Elev: \_\_\_\_\_ Ft. MSL

#### RUNWAY/LANDING SURFACE:

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

#### 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

### 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: Pitts

Model: PA-18

Max Gross Wt: 1750 Lbs

Homebuilt: ☐ Yes ☒ No

Serial No.: \_\_\_\_\_

Empty Wt: 1204 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 1 Passenger 1  
 Cabin Crew \_\_\_\_\_

<b>Engine Manufacturer</b> <u>Lycoming</u>		<b>Engine Model/Series</b> <u>O-320-A2B</u>		<b>Engine Rated Power</b> <u>150</u> Horsepower or Lbs of Thrust		<b>Type of Fire Extinguishing System Used</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____	
<b>Engine(s)</b>	<b>Date of Mfg.</b>	<b>Mfg. Serial No.</b>	<b>Total Time</b>	<b>Time Since Inspection</b>	<b>Time Since Overhaul</b>		
Engine No. 1	<u>7-21-75</u>	<u>L42977-27A</u>	<u>905</u> Hours	<u>20</u> Hours	<u>374</u> Hours		
Engine No. 2			Hours	Hours	Hours		
Engine No. 3			Hours	Hours	Hours		
Engine No. 4			Hours	Hours	Hours		
<b>Type of Maintenance Program</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Homebuilt) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Specify _____			<b>Last Inspection</b> <b>Type</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 100 Hour <input type="checkbox"/> AAIP <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Condition Inspection  Date Performed (M/D/Y) <u>2-22-02</u> Airframe Total Time at Last Inspection <u>5402</u> Hours Airframe Time Since Last Inspection <u>20</u> Hours				
<b>Emergency Locator Transmitter (ELT)</b>	<b>ELT Manufacturer</b> <u>Garmin Systems</u>	<b>Model/Series</b> <u>SHarc 7</u>	<b>Serial Number</b> <u>122681</u>		<b>Battery Date (M/D/Y)</b> <u>03-02</u>		
	<b>Switch</b> <input type="checkbox"/> On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Armed	<b>Operated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Aided In Accident Location</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown/NA		<b>Battery Type</b> (Alkaline, Lithium, etc.) <u>Alkaline</u>		
<b>Registered Aircraft Owner</b> <u>DANIEL L. OR Ruby Y. DeBaeve</u>				<b>City</b> <u>Soldotna</u> <b>State</b> <u>Alaska</u>			
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner <b>Name</b> <u>DANIEL L. DeBaeve</u> <b>Doing Business As:</b> _____				<b>City/State</b> <input type="checkbox"/> Same As Registered Owner <u>Soldotna</u> <u>Alaska</u>			
<b>Air Carrier/Operator Designator (4 Character Designator)</b> 							
<b>Type of Operation</b> <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 125 <input 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			<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> <input type="checkbox"/> Scheduled/Commuter <input type="checkbox"/> Non Scheduled/Air Taxi		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Purpose of Flight (FAR 91, 103, 133, 137)</b> <input checked="" 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 type="checkbox"/> Passenger		<b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Passenger (How many? <u>0</u> ) <input type="checkbox"/> Cargo ( _____ lbs.) <input type="checkbox"/> Other (Specify) _____		<b>Public Use</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Type of Certificate(s) Held</b> <b>Air Carrier Operating Certificate</b> <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental (121) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Commuter Air Carrier (135) <input 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 'A' INFORMATION															
Pilot Name <b>DANIEL L. DERAEVE</b>				City <b>Soldotna</b> State <b>Alaska</b>				Nationality <b>USA</b>							
Certificate(s) <input type="checkbox"/> Student <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input 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 type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea				<input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Free Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Gyroplane				Instrument Rating(s) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter				Instructor Rating(s) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider			
Type Ratings/Student Endorsements (With Dates) <b>Single-Engine Land 8-23-90</b>				Date of Last Flight Review Or Equivalent Including FAR 121/135 Checks (M/D/Y) <b>1-27-03</b>				Flight Review Aircraft Make <b>PIPER</b> Model <b>PA-18</b>							
Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input checked="" type="checkbox"/> Class 3				Date of Last Medical (M/D/Y) <b>2-08-02</b>				Limitations <b>NONE</b> Waivers <b>NONE</b>				Age <b>49</b> Principal Occupation <b>MECHANIC</b>			
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal				Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear				Person Manipulating Controls At Time Of Accident <input checked="" type="checkbox"/> First Pilot <input type="checkbox"/> Second Pilot <input type="checkbox"/> Both Pilots <input type="checkbox"/> Non-Pilot <input type="checkbox"/> No One				Seat Belt Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Who was pilot in command? <b>DANIEL L. DERAEVE</b>				Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Shoulder Harness Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Company <input type="checkbox"/> Specify _____															
Flight Time		ALL A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air				
							Actual	Simulated							
Total Time		<b>317</b>	<b>237</b>	<b>317</b>											
Pilot In Command (PIC)		<b>227</b>	<b>202</b>												
Instructor		<b>90</b>	<b>35</b>												
This Make/Model															
Last 90 Days		<b>10</b>	<b>10</b>												
Last 30 Days		<b>10</b>	<b>10</b>												
Last 24 Hours		<b>-</b>	<b>-</b>												
FLIGHT ITINERARY INFORMATION															
Last Departure Point Airport ID <b>Home</b> City <b>Soldotna</b> State <b>Alaska</b>				Time of Departure Time <b>1230 P</b> Time Zone <b>Alaska</b>		Destination Airport ID <b>Home</b> City <b>Soldotna</b> State <b>Alaska</b>				Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR/IFR <input 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 type="checkbox"/> Class E <input checked="" 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 checked="" type="checkbox"/> None <input 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													
<b>Pilot "B" Responsibilities at the Time of Accident</b> <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Dual Student <input type="checkbox"/> Safety Pilot <input type="checkbox"/> Check Pilot <input type="checkbox"/> None (Pilot-Rated Passenger)													
Pilot Name _____			City _____ State _____				Nationality _____						
<b>Certificate(s)</b> <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Other _____													
<b>Rating(s)</b> <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Glider <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Free Balloon <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Airship <input type="checkbox"/> Multiengine Sea <input type="checkbox"/> Gyroplane			<b>Instrument Rating(s)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter			<b>Instructor Rating(s)</b> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Specify _____							
Type Ratings/Student Endorsements (With Dates)			Date of Last Flight Review Or Equivalent (M/D/Y)				Flight Review Aircraft Model _____ Make _____						
<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 3			Date of Last Medical (M/D/Y)		Limitations			Age					
					Waivers			Principal Occupation					
<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center		<b>Person Manipulating Controls At Time Of Accident</b> <input type="checkbox"/> First Pilot <input type="checkbox"/> Non-Pilot <input type="checkbox"/> No One <input type="checkbox"/> Second Pilot <input type="checkbox"/> Both Pilots Who was pilot in command? _____				<b>Seat Belt Available</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Seat Belt Used</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness Available</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness Used</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Source of Pilot Flight Time Information</b> <input type="checkbox"/> Pilot Logbook <input type="checkbox"/> Company <input type="checkbox"/> Pilot/Operator Estimate <input type="checkbox"/> Specify _____ <input type="checkbox"/> FAA Records							
<b>Flight Time</b>		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air		
							Actual	Simulated					
Total Time													
Pilot In Command (PIC)													
Instructor													
This Make/Model													
Last 90 Days													
Last 30 Days													
Last 24 Hours													
<b>OTHER PERSONNEL / PASSENGERS(S)</b> (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.													
2.													
3.													
4.													
5.													
6.													

<b>Source of Weather information</b> (Pilot/Operator, Weather Observation Facility) <i>Pilot</i>		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Bright Night		<b>Visibility</b> 10 Miles	<b>Temp</b> _____ (C) or 40 (F)												
<b>Dew Point</b> _____ (C) or _____ (F)	<b>Altimeter Setting</b> _____ MB or _____ HG	<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Few _____ Feet AGL <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscuration-Vertical Visibility _____ Ft. AGL															
<b>Wind Information</b> Direction _____ True or _____ Mag Velocity _____ KTS Gusts _____ KTS		<b>Density Altitude</b> _____ Feet	<b>Intensity of Precipitation</b> <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Specify _____														
<b>Restriction to Visibility</b> <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 _____		<b>Type of Precipitation</b> <input checked="" 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 _____		<b>Icing</b> <table style="width:100%;"> <tr> <th>FORECAST</th> <th>ACTUAL</th> </tr> <tr> <td><input 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 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 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																
<b>Source of Weather Briefing</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input 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		<b>Method of Briefing</b> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio		<b>Weather Observation Facility</b> <input type="checkbox"/> Facility ID: _____ <input type="checkbox"/> Obs Time: _____ <input type="checkbox"/> Time Zone: _____ <input type="checkbox"/> Distance from Accident Site: _____ <input type="checkbox"/> Direction from Accident Site: _____													
<b>Briefing Type/Completeness</b> <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		<b>Turbulence (Multiple entry)</b> <input 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															
<b>Notams, Airmets, Sigmets</b>																	
<b>FUEL &amp; SERVICES INFORMATION</b>																	
<b>Fuel on Board at Last Takeoff</b> 30 Gallons or _____ Pounds		<b>Fuel Type</b> <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Specify _____ <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5															
<b>Other Services, If Any, Prior to Departure</b>																	
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>																	
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed		<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight		<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight													
<b>Description of Damage to Aircraft and Other Property</b> <i>LEFT Wing Struts - fractured</i>																	
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>																	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure.		<b>Total Time/Cycles On Part</b> _____ Hours	<b>Time Since This Part Inspected/Overhauled</b> _____ Hours												

SECTION 1 - PILOT INFORMATION (For each Pilot, regardless of Pilot's License Category, 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	
COLLISION ACCIDENT (If Air or Ground Collision Occurred, Complete the Information for Other Aircraft)			
Registration	Aircraft Manufacturer	Aircraft Make/Model	Degree of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Aircraft Owner		City/State (ONLY)	
Pilot (F) Name		City/State (ONLY)	
EVACUATION OF AIRCRAFT			
Assistance Received <input checked="" type="checkbox"/> None <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____ <input type="checkbox"/> Outside Person(s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder			
Method of Exit Describe which exits were used and how many passengers evacuated from each. <i>main door</i>			
Operator/Owner Safety Recommendation (Optional)			
<i>(closer inspection of Runway conditions)</i>			

**NARRATIVE HISTORY OF FLIGHT** (Please Type or Print in Ink)

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.

2-11-02 12:15PM Departing Longmere Lake in Route to Sedotri  
AIRPORT. Lake was frozen with puddles of standing water (overflow)  
Ice and water conditions were checked in General AREA OF  
Airplane and Take OFF AREA. The AREA was not checked in the  
Direction OF Departure. On take OFF RUN, AIRplane hit a puddle  
OF water 8" to 10" DEEP and FLIPPED over on its TOP.





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.

Date of this Report

2-25-03

Signature of Pilot/Operator

*Donald L. DeKane*

Signature of Person Filing Report If Other than Pilot/Operator

1. Signature \_\_\_\_\_

2. Type or Print Name \_\_\_\_\_

3. Title \_\_\_\_\_

NTSB Accident/Incident No.

ANC03LA027

Reviewed by NTSB Office Located At

ANCHORAGE, AK

Name of Investigator

L. LEWIS

Date Report Received

2/27/03

**PILOT CERTIFICATE INFORMATION****Aircraft Registration Number:**

4492A

**Pilot A****Name:**

DANIEL L. DEBRAVE

**Pilot Certificate Number:****Pilot B****Name:****Pilot Certificate Number:****Pilot C****Name:****Pilot Certificate Number:****Pilot D****Name:****Pilot Certificate Number:****Pilot E****Name:****Pilot Certificate Number:****COLLISION ACCIDENT (If Air or Ground Collision Occurred, Complete the Information for Other Aircraft Pilot)****Aircraft Registration Number:****Pilot F****Name:****Pilot Certificate Number:**