## 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 INFORMATIO	N. C.			April 200		The second secon			STADUSTANCE VALES AND AND AND RESIDENCE AND	
Accident/Incident Location						Date/Time				
Nearest City/Place: TALKA		PATA	۷	State: AK	_ [	Date:	/14/2009 E	ocal Time:	C: 25 PM	
ZIP:Country					_	mm/	dd/уууу Т	ime Zone:	AKDT	
Latitude:(00:00	:00 N/S) Longitude	<u></u>		(000:00:00 E/	W)	· · · · · · · · · · · · · · · · · · ·				
Phase of Operation  ☐ Standing ☐ Takeoff (incl.	initial alimb)	Cruise		□			th Other Aircraft		e of In-Flight	
Taxi Climb		Cruise Maneuverin		☐ Hover ☐ Other	ļ	☐ Midair ☐ On-ground	l	Occurr	ence	
☐ Descent ☑ Landing		Approach		Unknown		None			ft MSL	
WEATHER INFORMA		E ACCII	DEN	T SITE	)	The Carlotte Control of the Ca				
Weather Observation Facili	•		Sou	rce of Weatl	her I	nformation			thod of Briefing	
Facility ID: FSS 7			1	eck all that app Vational Weath		tvice	Company	1 .	eck all that apply)	
Observation Time:			⊠F	light Service S			☐ Company ☐ Military		n Person Feletype	
Time Zone:			T	V/Radio automated Rep			Internet		Celephone/Computer	
Distance from Accident Site:						Service (DUA	Unknown TS)		Aircraft Radio FV/Radio	
Direction from Accident Site:	· · · · · · · · · · · · · · · · · · ·	ees MAG						🗖 ī	Jnknown	
Briefing Type/Completeness				nt Condition			-	Visi	bility	
Full Partial / Limited By Pilot	☐ Abbreviat ☐ Unknown						Dark Night	1,	ساده	
Partial / Limited By Briefer	Not Pertin		ר נאבעויי	ay [	□ Ni	ght	☐ Bright Night ☐ Not Reported	10	10 + miles	
Sky/Lowest Cloud Condition		Ceiling				<u>.</u>	Restriction to Visil	ility (Che	sek all that apply)	
	Thin Broken	None None			] Ob:	scured	None		Fog	
						efinite	Blowing Dust	Ţ	Ground Fog	
Scattered	OIKHOWII	Overc.	ercast Unkno			known	☐ Blowing Sand ☐ Blowing Snow			
Lowest Cloud Condition Hei	ght	Ceiling	Height				☐ Blowing Spray		Smoke	
•	ft AGL		ft AGL			ft AGI	☐ Dust		Unknown	
Wind Direction	Wind Speed			Wind Gust		II / IOL	Type of Typhylan	- (0) 1 1	7.3	
☐ Indicated:	Velocity: 9	8/TC				17.Trei	Type of Turbulence None		l that apply)	
degrees MAG	or-			Velocity:		K15	Clear Air	n Clouds Ticinity of T	Thunderstorm	
	☐ Calm		i	☐ Gusting			Severity of Turbule			
☐ Variable	Light and Varia	able	₩ Not Gusting				☐ Extreme ☐ Moderate ☐ Light			
							Severe Moderate Chop			
NOTAMs (D, L and FDC)	, AIRMETs, SI	GMETs,	PIRE	EPs in effec	t at	the time of	the accident			
						•				
								۸ .	ı	
	·									
Temperature:(C)	Ic	ing Foreca Amount				mr.	Type of Precipit	ation (Che	ck all that apply)	
Temperature:(C) or(F)	N	None		loderate		Type Rime	None Rain	Drizz		
Altimeter Setting:in		Trace	□ s	evere		Clear	Snow	☐ Ice P ☐ Snov	ellets v Pellets	
orM	iB   □	Light				Mixed	☐ Hail	☐ Snov	v Grains	
Density Altitude:	<b>-</b>	ng Actual					Rain Showers  Greezing Rain	☐ Ice C	rystals ellets Shower	
Dew Point:(C)		Amount	_	·		Туре	Snow Shower		ring Drizzle	
or(F)		None Trace		oderate evere		☐ Rime ☐ Clear	Intensity of Prec	initation		
		Light				Mixed	_ I	Moderate	☐ Heavy	
								1410/06/9/6	☐ neavy	

AIRCRAFT INFORMA	TION		**************************************	7.022210.00			//////////////////////////////////////				A service to a service and agreement		
Manufacturer: PIPER Max Gross Weight: 2000 lbs								s					
								at Time of Accident: 1980 lbs					
Serial Number: 22-27/0 Location of Center of Gravity at Time of Accident:													
Registration Number:									ι % ΜΛC)				
	e of Airwo		Certificat	e	Number of Se	ats: 4/		L,a:	nding Gear	Retra	ctable		
	eck all that ap		1			·		Ci	neck any additi		ear		
Blimp/Dirigible	<b>ndard</b> Normal	Spec □ Re	estricted		If Large Aircraft	, how many se	eats for		nfiguration tha	_			
Glider	Jtility	🔲 Li	imited		Flight Crew	:		-	Tricycle	•	ailwheel		
☐ Helicopter 片	Acrobatic Fransport	=	rovisional xperimental	1	Cabin Crew	:		-    -	Amphibian Emergency F		ligh Skid kid		
Powered lift Ultralight	Hansport	□ Sr	oecial Fligh		Passengers:			_   [	Float	□s	ki		
Unknown		∐ Li	ight Sport	-					Hull Unknown	L⊔۵	ki/Wheel		
Type of Maintenance Progr			Last In	anaetic	- Tuna				<u> </u>	-E-100	59		
Annual	16116		□ 100 H	-	Continuous	A importhings	ע	ate Last ins	spection: 3	nm/dd/yvyy			
Conditional (Amateur-built or			☐ AAIP	•	Conditional		<u> </u>						
☐ Manufacturer's Inspection Pro ☐ Other Approved Inspection Pro		) )	<b>⊠</b> Annu	.al	Unknown		A		tal Time: 🔏		hrs		
Continuous Airworthiness		<u>'</u>	1						ured at (chec		14		
Other, specify:			C: 13.337	•	~ . T4.II		-		spection		leni		
IFR Equipped  ☐ Yes 🔀 No ☐ Unknown			!	_	System Install  Unknown	ed		ype of Fire	Extinguishin	g System			
LICS TWING TOURNOWN			1 1 08	LAS INC	Ulikilowii			Specify <u>//</u>	AND HE	20			
							-						
ELT Installed ELT	ctivated		ELT M	anufac	turer: ACK	TEPL	1102	04165					
✓ Yes	🔀 No				E-01								
ELT Aided in Locating Acc	dent / Incid	ent	l										
☐ Yes ☐ No			1		D CEC			Ba	ottory Exp. I	late:			
Engine Type	Rec	ciprocatin			opeller	too —			тес. јр				
Reciprocating Turbo Je	Sys	tèm Type	;	***	opene.			an s	^				
☐ Turbo Shaft ☐ Turbo F	n   🗷 🤄	Carburetor Fuel Injecte			Fixed Pitch			er: McC					
☐ Turbo Prop ☐ Unknow	1		<u> </u>	$\perp$	Controllable Pitch	Mode		175 GM8	324/	1	<u> </u>		
			-					igine Rated wer Measure	ed	Time	Time		
						Date		(check one)	Total	Since	Since		
Engine   Engine Manufacturer	Engin Model	e I/Series	Ī		facturing Number	of Mfg.		Horsepower  Ibs of Thrus		Inspection (hours)	Overhaul (hours)		
Eng. 1 Lycoming		-320	)		32 - 27	man,		150	1942	20	176		
Eng. 2								War .					
Eng. 3													
Eng. 4					and the state of t				M Marie of Octobring Styles				
OWNER/OPERATOR	INFORM	ATION	THE STANDARD NAME OF	100000000000000000000000000000000000000	Ministry of the Advances of th	ALTO VALUE AND COMPANY OF COMPANY		PART BANGETT GETTING		"The North San Land (Venes ) ) ( family )			
Registered Aircraft Owner								er Address					
Name: GREGORY J. HOLT City: ANCHORAGE													
State: AK ZIP: 99516								7ID. (					
Fractional Ownership Aircraft							State	: <u>A/X</u> ntrv: <i>USA</i>	ZIP:	79516			
		X No	)wner				State Coun	: A/X ntry: USA rator Addre	ZIP: _ <u>\$</u>	P5/C ne As Register	red Owner		
Operator of Aircraft Name:	☐ Yes 🏻	X No	)wner			A Control of the Cont	State Coun Oper City:	ntry: <u>USA</u> rator Addre	ZIP:	ne As Register	red Owner		
Operator of Aircraft  Name:  Doing Business As:	☐ Yes [	₩ No Legistered C				0.00	Oper City: State:	ntry: <u>OSA</u> rator Addre	ZIP:		red Owner		
Operator of Aircraft  Name:  Doing Business As:  Air Carrier/Operator Designat	Yes D	₩ No Legistered C			and the state		Oper City: State: Coun	ntry: <u>USA</u> rator Addre	ZIP:	ne As Register	red Owner		
Operator of Aircraft  Name: Doing Business As: Air Carrier/Operator Designat  Regulation Flight Conducted	Yes Same As R  or (4 Charac  Under	No Registered Code):		□ Dobl	in Use (select type		Oper City: State: Coun	atry: <u>USA</u> rator Addre : : atry: cnue Sightse	ZIP:	ne As Register	ed Owner		
Operator of Aircraft  Name:  Doing Business As:  Air Carrier/Operator Designat	Yes Same As R  or (4 Charac  Under  FAR 91  Non-US	No Registered Code):	ight ial		ic Use (select type		Oper City: State: Coun	atry: <u>USA</u> rator Addre : : atry: cnue Sightse	ZIP:	ne As Register	red Owner		

Purpose of Flight for FAR 91, 103, 133, 137 (Select	one)	Revenue Op	eration 125, 129, 135	(Select one) Type of Commercial Operating Certificate I					
Personal Business Executive/Corporate	Scheduled or Commuter Non-Scheduled or Air Taxi			None  Flag Carrier Operating Certificate (121)  Supplemental					
Other Work Use	Other Work Use				ic or International Air Cargo				
☐ Instructional☐ Ferry		Domestic	Internatio	1	Commuter	Carriers (12 Air Carrier (1	9) (35)		
Positioning		L. Domestie	internatio	nai	On-Demand	l Air Taxi (1.	35)		
Aerial Application					Large Helic	opter (127)	·		
☐ Acrial Observation ☐ Air Drop		Cargo Operati			Rotorcraft E	External Load	1(133)		
☐ Air Race / Show		Passenger/C Passenger	argo		- or -		• • • •	i	
☐ Flight Test		Cargo	n		Agricultural	Aircraft (13	7)		
☐ Public Use ☐ Unknown		☐ Mail			Other Opera	itor of Large	Aircraft		
OTHER AIRCRAFT - C	OLLISION #								
Aircraft Registration Number	Manufacturer:						amage to Ot ] Destroyed	her Aircraft	
	Model:						Substantial	None	
Registered Owner of Other Air	eraft				***************************************				
First Name:				City:					
Middle Initial:				State:	ZIP: _				
Last Name:				Country:					
Pilot of Other Aircraft	-								
First Name:				City:	*			·	
Middle Initial:				City:					
Last Name:				Country:					
AIRPORT INFORMATIO	N. (If the accide	nt occurred on	approach, ta	keoff or within 3	miles of an air	rport, com	olete this sec	tion)	
Airport Identifier:PAT/					m Airport Cen				
Airport Name: TACK	EETNA				om Airport:				
Proximity to Airport Off Ai		On Airmort	On Airstrin	Airport Flow	ation: <u>35</u>	<del></del>	degree	A MCI	
Approach Segment (Select one)		<u> </u>	- Cu i i i i i i	7 in pore cacva	<u>رد المناتة ا</u>			IL MISL	
	☐ Landing	☐ Bas	e lea		Ynol		_		
Crosswind	Downwind		v Approach		man Aborted Landing (	after touchdo	own)	Go Around	
IFR Approach (Check all that app	(y)		····		h (Check all the		<u> </u>		
□ None □ PAR □ Sidestep	<u>□</u> м		Practice	☐ None		_	Stop and Go		
☐ ADF/NDB ☐ Sidestep ☐ SDF ☐ ILS			] GPS ] Loran	Traffic Patter	n		Touch and Go		
□ VOR/TVOR □ Localizer		_	] Loran ] Unknown	Straight-In Valley/Terrai	n Following		Simulated Fore Forced Landin		
☐ VOR/DME ☐ LOC-back	course C	ontact		Go Around Precautionary Landing					
☐ TACAN ☐ RNAV		ircling		Full Stop	- ;		Unknown		
Runway Information	_				Runway/Landii		(Check all th	at apply)	
Runway ID: <u>36 (</u> L/R/C) L	ength: <u>35</u>	_ft Width: _ 7	ftft	<b>∑X</b> Dry ☐ Holes	☐ Snow- ☐ Snow-	Compacted	Wate		
Runway/Landing Surface (Chec	k all that apply)			☐ Ice Covered	☐ Snow-		☐ Wate	r-Choppy r-Glassy	
Asphalt Grass/Turf	Macadam Macadam			Rough	Snow-		☐ Wet		
Concrete Gravel Dirt Gree	☐ Metal/Wood ☐ Snow	Unknown		☐ Rubber Depos ☐ Slush Covered			Unkn	own	
FLIGHT ITINERARY INFO		Angraphy (memor	94:5-4 <del>- 21</del> 1-512		T Aescu	ation			
***************************************		FD4						THE STATE OF THE S	
Last Departure Point Airport ID: PAMR	i ime oi	f Departure	Destination				ht Plan Filed	1	
	Time:	5:20 PM	Airport ID: 👱			Mone ☐ Compan		VFR/IFR	
City: ANCHORAGE				LKEETNA		☐ Military		IFR Unknown	
State: AR	Time Zor	ne: <i>AXD</i>	-	<u> </u>	_	☐ VFR	_	·- I	
Country: <u>USA</u>		-100	Country: 4	54		Activated?	☐ Yes ☐	No	
Type of ATC Clearance/Service									
<b>X</b> None		y) ☐ Specia ☐ VFR (			R Flight Followin	ıg	Cruise		

Airspace where the accid		_	_			<b></b>
Class A	Class E		Prohibited Area		Jet Training Area	☐ Special ☐ Air Traffic Control Area
☐ Class B ☐ Class C	☐ Class G ☐ Demo Area	. L	Restricted Area Military Operations Area (1	MOA)	☐ TRSA ☐ FAR 93	☐ Air Traffic Control Area ☐ Unknown
Class D	Warning Area		Airport Advisory Area			
Aircraft Load Description	n (Check all that ap	ply)				
☐ None	☐ Towing Glider		Parachutists		Livestock	
👿 Passengers	☐ Towing Banner	Ī	Water		Unknown	
☐ Cargo	Other External	L	Chemical/Fertilizer/Seeds			
FUEL & SERVICES	INFORMATI	ON	Haling and the state of the sta		The state of the s	
Fuel on Board at Last Ta		Fuel Type		_		
(convert from pounds, as nece	ssary)	80/87	115/145	☐ JP3	Other, specif	fy
20	Gallons	☐ 100 Low Lea ☐ 100/130	d ☐ Jet A  ☑ Automotive	☐ JP4 ☐ JP5		
Other Services, if Any, P	rior to Departure		7			
	COMPANY NAMED IN COLUMN TO A STATE OF THE PARTY OF THE PA	The state of the s	ik Garadian manggaran mengga apadahan			
MECHANICAL MAI	_FUNCTION/F	AILURE (If	more space is need	ed, con	tinue on separate	sheet)
Was there Mechanical M (If yes, list the name of the par						Total Time/Cycles On Part
SEULRE TO	AIL WHEE	4 541M	MY AFTER TO	NCH	DOWN	Hours
						Cycles
						Time Since This Part Inspected/Overhauled
						Hours
DAMAGE TO AIRC	RAFT AND O	THER PROP	PERTY	geath, crain	region per anno 1990, anno 1990, The second	The same of the sa
Aircraft Damage	-	aft Fire	VIEW TO THE PROPERTY OF THE PR	Color Action (William Lines)	Aircraft Explosion	
☐ None ☐ Substanti ☐ Minor ☐ Destroye	ial ⊠ No d □ ln-	ne [	Both Ground and In-Flight Unknown Origin		None [	Both Ground and In-Flight Unknown Origin
Description of Damage to	Aircraft and Oth	er Property (us	e additional sheet if necessar,	) AIRC	RAFT VEERED	ON TO SOFT BARVEL
AIGHT GEAR LEBRO	11 - 20.5	RIGHT		12.5	n QU 125	A) TACT
A GRAR BRO	RE AND	w//05	ITA WAS DAT	M A 6 &	D BY CO	
WITH CARC	コロヘロ					
						j
EVACUATION OF A	IDCDAET	I Port of the Control				
EVACUATION OF A	UNUNAFI				100 mm	A STATE OF THE STA
Was an emergency evacua	ation of the aircra	ft performed?	☐ Yes         Yo			
Method of Exit - Describe	how the occupant	s exited and how	many occupants evacuate	d each loo	eation — ———	
EXITED TO			000 RS			
~	- <del> </del>	J., J., J.				
						İ

PILOT "A" INFORMA		27 1 Ward 10 1 10 1 10 1 10 10 10 10 10 10 10 10			Anteschioneign Lucie III					
Pilot "A" Responsibilities a					<del></del>		<del>-</del>			
	Student Pilot	☐ Flight	Instructor	Check Pilot	∐ Flig	ht Engineer	Other	Flight Crew		
Pilot "A" Identification										
First Name: GAEGOR Middle Initial:	y <del>√. 110</del> .	<del>st</del>		Ci	ity: _ <i>/}/</i>	VC/IDR) V	71D 00	~ <i>)</i> ~		
First Name:         GREGORY         J.         HOEF         City:         ANCHORAGE           Middle Initial:         J         State:         AK         ZIP:         995/6           Last Name:         HOLT         Country:         USA										
Age at time of Accident: 57 Date of Birth: Certificate Number: Mmm/dd/vvvv										
Degree of Injury	Seat Occupied	d		Se	at Belt			Shoulder	Harness	
None	Left Right Center	☐ Front ☐ Rear ☐ Single	☐ Unkno		ed ailable	Yes Yes	□ No □ No	Uscd Available	Yes Yes	□ No □ No
Pilot Certificate(s) (Check at		_								
7	ht Instructor	☐ Recr ☐ Spor		Commer			Flight Engi U.S. Milita	ту	☐ Foreign	
l `	Medical Certificat					rtificate V		Date of 1	Last Medica	al
		lass 3 Driver's Lic	ense (Sport Pilo			mitations/wa ations/waive		10/0	0 2 / 200 d/yyyy	රළ
		Inknown	· -		Unknown			mm/de	d/yyyy	
Medical Certificate Limitations  CORRECTIVE LEWSES										
Medical Certificate Waivers	s				,					
`										
Date of Last Flight Review		Fligh	t Review Air	eraft						
or Equivalent, Including	ac best		PIPE							
FAR 121/135 Checks:	06/04/200 mm/dd/yyyy	Mode		2-150						
Airplane Rating(s)	Other Aircraft R			ent Rating(s						
(Check all that apply)	(Check all that appl	0.,	I	ll that apply)	· · · · · · · · · · · · · · · · · ·					
None	None		None		None Instrument A					
X Single-Engine Land     X Single-Engine Sea	☐ Airship ☐ Free Balloon		Airpla	ine opter	☐ Airplane Single-Engine ☐ Instrument I☐ Airplane Multi-Engine ☐ Helicopter					Helicopter
Single-Engine Sea	Glider		Power		☐ Gyroplane ☐ Glider					
Multiengine Sea	☐ Gyroplane ☐ Helicopter					Powere	d Lift	L	] Sport	
	Powered Lift									
Type Ratings						Student I	Endorsemei	its (Include o	dates)	
Flight Time (enter appropriate	Ali Ti	his Make	Airplane Single	Airplane		Inst	rument			Lighter
number of hours in each box)	Aircraft &	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time		60	576.3	16.7	80.	12	44	0	0	0
Pilot in Command (PIC)	364 /	50	984			-				
Time as Instructor	12428 NG27 12 2 2 15 12 1 1 1 1 1 1 1 1 1 1 1 1 1					<del> </del>				
This Make/Model	27.2	27.2	27. Z			-				
Last 90 Days Last 30 Days		19.4	19.4							
Last 30 Days	1 // /	1	///			1				

PILOT "B" INFORM	ATION	HIETERATOR		**************************************					PP-1021/4009-02919-7-1	
Pilot "B" Responsibilities				<del>-</del>		_		_		
☐ Pilot ☐ Co-Pilot	Student Pilot	Flight In	nstructor L	Check Pilot	☐ Fligh	nt Engineer	☐ Other	Flight Crew		
Pilot "B" Identification										
First Name:	<u> </u>			Ci	ty:		. 0			
Middle Initial:				Sta	ate:		ZIP:			
Last Name:										
Age at time of Accident:	Date of Bil	ith:	ım/dd/yyyy		Mificate N	vainber: _				
Degree of Injury	Seat Occupied			1	at Belt			Shoulder l		
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Scrious	Right	Front Rear Single	Unknow	1			□ No □ No	Used Available	☐ Yes ☐ Yes	□ No □ No
Pilot Certificate(s) (Check of	all that apply)			•						
☐ None         ☐ Str           ☐ Private         ☐ Fli		☐ Recrea		☐ Commerc ☐ Airline T			] Flight Engi ] U.S. Militar		Foreign	
Principal Occupation	Medical Certificate			Me	dical Cer	tificate V	lidity	Date of I	ast Medic	al
☐ Pilot	□ None □ Clas				Without lin					
☐ Other ☐ Unknown	Class I Driv		nse (Sport Pilo		With limitat Unknown	tions/waive	."S	mm/dd		
Medical Certificate Limita	tions									
Medical Cautificate Walva										
Medical Certificate Waive	rs									
Date of Last Flight Review		Flight	Review Airo	raft						
or Equivalent, Including										
FAR 121/135 Checks:	mm/dd/yyyy	Model:			· · · · · · · · · · · · · · · · · · ·					<del></del>
A:nlana Dating(s)	Other Aircraft Rat		<del></del>	t Dating(e	ting(s) Instructor Rating(s)					
Airplane Rating(s) (Check all that apply)	(Check all that apply)			ent Rating(s l that apply)		(Check all t				
☐ None -	None		☐ None	• •		☐ None ☐ Instrument A				Virplane
Single-Engine Land	Airship		☐ Airpla	ne		Airplane	Single-Engir	ie 🔲	Instrument I	lelicopter
☐ Single-Engine Sea ☐ Multiengine Land	☐ Free Balloon ☐ Glider		☐ Helico			Airplane Multi-Engine Helicopter Gyroplane Glider				
Multiengine Sca	Gyroplane			CG Lin		Powered			Sport	
	☐ Helicopter☐ Powered Lift									
Type Ratings	☐ FOWERED Ent				-   5	Student E	ndarsemen	ts (Include de	ntae)	
Type Naungs					-	Mudent _	ilder seme	to (memor	intaj	
Flight Time (enter appropriate	te All This	Make	Airplane	Airplane		Inst	ument			Lighter
number of hours in each box)		Model	Single Engine	Airpiane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time							-			
Pilot in Command (PIC)	Appearance of the second				(1)			24.		
Time as Instructor										
This Make/Model										e Herrina
Last 90 Days										
Last 30 Days							***			
Last 24 Hours	1 1	- 1			I	!			I	1 1

ADDITIONAL FLIGHT CRI	CAA MICHIOCINO	(Exclusive of ca	um anemamis, cum	ihiere me	IOHOV	Ania mion	nauvn
Pilot Name and Address						Degree of	•
First Name:		City:				☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:		State: Country:	ZIP:		-	Serious	☐ Unknown
Last Name:	T )	Country		<del></del>		S4 O	.11
Pilot Certificate(s) (Check all tha	Recreational	Commercial	☐ Flight Engineer	☐ Foreig		Seat Occup	Front
Private Flight Instructor	Sport	Airline Transport	U.S. Military	roreig	,11	Right	Rear
Type Rating/Endorsement for		Total Flight T	ime at the Time			Center	Single
Accident/Incident Aircraft?	Yes No	of this Accide	nt/Incident:	hrs			Unknown
Pilot Name and Address			N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Degree of l	Injury
First Name:	3	City:				☐ None	☐ Fatal
Middle Initial:		State:	ZIP:			☐ Minor☐ Serious	Unknown
Last Name:		Country:					* .
Pilot Certificate(s) (Check all that			El moral de la	<b>—</b> .		Seat Occup	oled □ Front
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer ☐ U.S. Military	☐ Foreig	n	Right	Rear
Type Rating/Endorsement for		Total Flight T	ime at the Time			Center	Single
Accident/Incident Aircraft?	☐ Yes ☐, No	of this Accide	nt/Incident:	hrs			Unknown
Pilot Name and Address		A second to a company of the control				Degree of I	njury
First Name:		City:				☐ None	☐ Fatal
Middle Initiat:		State:	ZIP:			☐ Minor ☐ Scrious	Unknown
Last Name:		Country:		<del>-</del>	-		
Pilot Certificate(s) (Check all that		-	_	_		Seat Occup	
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	Commercial Airline Transport	☐ Flight Engineer ☐ U.S. Military	☐ Foreig	П	☐ Left ☐ Right	Front Rear
Type Rating/Endorsement for	Бэриг		ime at the Time			Center	Single
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Accide	nt/Incident:	hrs			Unknown
PASSENGER(S) / OTHER	PERSONNEL	(Include flight att	endants: continue o	n separa	te she	et if neces	sarv)
PASSENGER(S) / OTHER	PERSONNEL	(Include flight att	endants; continue c	n separa	te she	et if neces	sary)
PASSENGER(S) / OTHER	PERSONNEL	(Include flight att	endants; continue c		te she	et if neces	rol ( Sary ( Sar
PASSENGER(S) / OTHER  Name and Address	PERSONNEL	(Include flight att	endants; continue c	on separa	te she	Revenue 11 Journal Non-Occupant NA	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address First Name:	PERSONNEL	City: GAR	·	Seaf	Crew	Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address  First Name:		City: GAR State: SO	Y ZIP: <i>522</i> 37		Crew	Revenue Non- Occupant FAA	Fatal Serious (Assertions Injury Minor Injury   No Injury   No Injury   Unknown   No Injury   No Inj
Name and Address  First Name:	PERSONNEL	City: GAR State: SO Country: USA	Y ZIP: <u>57237</u>	Seaf	Crew	Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address  First Name:SY/RSY   Middle Initial:A   Last Name:/FOLT    First Name:/FAM_T		City: GAR State: SD Country: USA	Y ZIP: <u>57237</u> HOR AG-&	Seat R	Crew	Revenue Non- Occupant FAA	Fatal Serious Injury Minor Minor Milor Mil
Name and Address  First Name:		City: GAR State: SD Country: USA	Y ZIP: <u>57237</u>	Seaf	Crew	Revenue  Revenue  Non- Occupant	Fatal Serious Injury Minor Injury Minor Injury Injury IN Injury IN Injury IN Injury IN Injury
Name and Address  First Name: \$\frac{54}{R}\frac{37}{M}\$ Middle Initial: A Last Name: \$\frac{1901}{T}\$  First Name: \$\frac{74}{T}\frac{1}{T}\$ Middle Initial: \( \Last \text{Name}: \) \$\frac{1902}{T}\$		City: GAR State: SD Country: USA  City: ANC State: AK Country:	Y ZIP: <u>57237</u> HON AG <b>&amp;</b> ZIP: <u>995</u> 16	Seat R	Crew	Revenue  Revenue  Non- Occupant	Fatal Serious Injury Minor Injury Minor Injury Injury IN Injury IN Injury IN Injury IN Injury
Name and Address  First Name:SH/RSY   Middle Initial: _A   Last Name:HOLT    First Name:TAM_T   Middle Initial:		City: GAR State: SD Country: USA City: ANC State: AK Country: City: BNCA State: AK	Y ZIP: <u>57237</u> HON AG <b>&amp;</b> ZIP: <u>995</u> 16	Seat R	Crew	Revenue   Revenue   Non-	Fatal Serious Injury Minor Injury Minor Injury Injury IN Injury IN Injury IN Injury IN Injury
Name and Address  First Name:SH/RSY		City: GAR State: SD Country: USA  City: ANC State: AK Country: City: ANCA	Y ZIP: 57237 HOR AG & ZIP: 99516	Scat	Crew	Revenue   Revenue   Non-	
Name and Address  First Name: \$\sum_{1}\text{PRLY}\$ Middle Initial: \$A\$ Last Name: \$\frac{1}{4}\text{PLT}\$  First Name: \$\frac{1}{4}\text{PLT}\$  First Name: \$\frac{1}{4}\text{PLT}\$  First Name: \$\frac{1}{4}\text{PLT}\$  Middle Initial: \$A\$ Last Name: \$\frac{1}{4}\text{PLT}\$  First Name: \$\frac{1}{4}\text{PLT}\$		City: GAR' State: SD Country: USA  City: ANC State: AK Country:  City: ANCA State: AK Country:  City: Country:  City: City: Country:	Y ZIP: 57237  HORAGE ZIP: 99516  HORAGE ZIP: 99516	Scat		Revenue	
Name and Address  First Name: \$\( \frac{54}{R} \) \( \frac{8}{N} \) Middle Initial: \( \frac{1}{A} \) Last Name: \( \frac{1}{A} \) \( \frac{1}{A} \) Middle Initial: \( \frac{1}{A} \) Last Name: \( \frac{1}{A} \) ACK/\( \frac{1}{A} \) Middle Initial: \( \frac{1}{A} \) Last Name: \( \frac{1}{A} \) ACK/\( \frac{1}{A} \) First Name: \( \frac{1}{A} \) ACK/\( \frac{1}{A} \) Middle Initial: \( \frac{1}{A} \) Middle Initial: \( \frac{1}{A} \) Middle Initial:		City: GAR' State: SD Country: USA  City: ANC State: AK Country:  City: AKC Country:  City: AKC Country:  City: State: AK Country:	Y ZIP: 57237  HORAGE ZIP: 99516  ZIP: 99516	Scat		Revenue	
Name and Address  First Name: \$\( \frac{54}{R} \) \( \frac{7}{M} \) Middle Initial: \( A \) Last Name: \( \frac{100}{R} \) T  First Name: \( \frac{100}{R} \		City: GAR State: SO Country: USA  City: ANC. State: AK Country:  City: BNCA State: AK Country:  City: State: AK Country:  City: State: Country:	ZIP: 57237  HOM AGE  ZIP: 99516  240AAGE  ZIP: 99516	Scat		Revenue	
Name and Address  First Name:SH/RSY   Middle Initial:A   Last Name:HOLT    First Name:HOLT    Firs		City: GAR State: SO Country: USA  City: ANC. State: AK Country:  City: BNCA State: AK Country:  City: State: AK Country:  City: State: Country:	ZIP: 57237  HOM AGE  ZIP: 99516  240AAGE  ZIP: 99516	Scat			Company   Comp
Name and Address  First Name:SH/RSY   Middle Initial:A   Last Name:HOLT    First Name:HOLT    Middle Initial:Last Name:HOLT    First Name:HOLT    First Name:HOLT    Middle Initial:Last Name:HOLT    First Name:HOLT    First Name:HOLT    Middle Initial:Last Name:HOLT    First Name:HOLT		City: GAR State: SD Country: USA  City: ANC State: AK Country:  City: BNCA State: AK Country:  City: State: Country:  City: State: Country:  City: State: Country:	ZIP: 57237  HOM AGE  ZIP: 99516  ZIP: 99516  ZIP: 99516	Scat			
Name and Address  First Name:		City: GARY State: SD Country: USA  City: ANCA State: AK Country:  City: BNCA State: AK Country:  City: State: Country:  City: State: Country:  City: State: Country:	ZIP: <u>57237</u> HOA AGE  ZIP: <u>99516</u> ZIP: <u>99516</u> ZIP: <u>99516</u>	Scat			Company   Comp
Name and Address  First Name: \$\frac{54}{R}\frac{7}{Y}\$ Middle Initial: \$\frac{1}{A}\$ Last Name: \$\frac{1}{A}\frac{1}{A}\frac{1}{A}\$ First Name: \$\frac{1}{A}\frac{1}{A}\frac{1}{A}\$ Last Name: \$\frac{1}{A}\frac{1}{A}\frac{1}{A}\$ Middle Initial: \$\frac{1}{A}\$ Last Name: \$\frac{1}{A}\frac{1}{A}\frac{1}{A}\$ First Name: \$\frac{1}{A}\frac{1}{A}\frac{1}{A}\$ Last Name: \$\frac{1}{A}\frac{1}{A}\frac{1}{A}\$ First Name: \$\frac{1}{A}\frac{1}{A}\frac{1}{A}\$ Last Name: \$\frac{1}{A}\frac{1}{A}\frac{1}{A}\$ First Name: \$\frac{1}{A}\frac{1}{		City: GAR' State: SD Country: USA  City: ANCA State: AK Country:  City: Buch State: AK Country:  City: State: Country:	ZIP: 57237  HORAGE  ZIP: 99516  ZIP: 99516  ZIP: 99516	Scat		Revenue	Company   Comp
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Name and Address  First Name: SH/RSY Middle Initial: A Last Name: HOLT  First Name: HOLT		City: GAR State: SO Country: USA  City: ANC. State: AK Country:  City: BNCA State: AK Country:  City: State: Country:  City: State: Country:  City: State: Country:	ZIP: 57237  HORAGE  ZIP: 99516  ZIP: 99516  ZIP: 99516  ZIP: 99516	Scat			Company   Comp
Name and Address  First Name: SH/RSY Middle Initial: A Last Name: HOLT  First Name: Hold Initial: Last Name: Hold Initial: Hold Initial: Last Name: Hold Initial: Hold Initial		City: GAR State: SO Country: USA  City: ANC. State: AK Country:  City: BNCA State: AK Country:  City: State: Country:	ZIP: _57237  HOM AGE  ZIP: _99516  ZIP: _99516  ZIP: _99516  ZIP:	Scat			Company   Comp
Name and Address  First Name: \$\( \simeter{S}\) / R \( \simeter{N}\) Middle Initial: \( \beta \)  First Name: \( \simeter{J}\) / P \( \simeter{J}\) T  Middle Initial: \( \beta \)  Last Name: \( \simeter{J}\) / P \( \simeter{J}\) T  First Name: \( \simeter{J}\) / P \( \simeter{J}\) / P  First Name: \( \simeter{J}\) / P \( \simeter{J}\) / P  First Name: \( \simeter{J}\) / P \( \simeter{J}\) / P  First Name: \( \simeter{M}\) iddle Initial: \( \text{Last Name:} \)  First Name: \( \simeter{M}\) iddle Initial: \( \text{Last Name:} \)  First Name: \( \simeter{M}\) iddle Initial: \( \text{Last Name:} \)  First Name: \( \simeter{M}\) iddle Initial: \( \text{Last Name:} \)		City: GARY State: SD Country: USA  City: ANCA State: AK Country:  City: Blue State: AK Country:  City: State: Country:	ZIP: _57237  HORAGE  ZIP: _99516  ZIP: _99516  ZIP: _99516  ZIP:	Scat			Company   Comp
Name and Address  First Name: SH/RSY Middle Initial: A Last Name: HOLT  First Name: Hold Initial: Last Name: Hold Initial: Hold Initial: Last Name: Hold Initial: Hold Initial		City: GARY State: SD Country: USA  City: ANCA State: AK Country:  City: Blue State: AK Country:  City: State: Country:	ZIP: _57237  HOM AGE  ZIP: _99516  ZIP: _99516  ZIP: _99516  ZIP:	Scat		Revenue  Cocupant  Cocupant  FAA	Company   Comp

## NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

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

CHECKED WEATHER ON NWS AUTATION WEB SITE

LEFT FLIGHT PLAN WITH FAMILY PREMBER

DEPARTED PAME FOR PATIC AT 5:25 PM

GOT PATK ATIS OF RADIO

CONTACTED TACKETNA RADIO FOR WEATHER AND TRAFFIC

LANDED RUY 3C

SEVERE TAIL WHELL SHIMMY AFTER TOUCH DOWN

AIRCRAFT VEERED OFF ASPHALT ON TO SOFTER GRAUTEL

WHITGEAR LEG BROISE

## RECOMMENDATION (How could this accident have been prevented?)

PROP CONTACTIO GROWND STOPPING ENGINE

Operator/Owner Safety Recommendation

SEVERE TAILWHEEL SHIMMY MADE IT DIFFICULT TO CONTROL DIRECTION ON LANDING

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 AC	CURATE TO THE BEST OF MY KNOWLEDGE
Date of this Report   Signature and Name of Pilot/Operator	
G/12/2000 Signature:	- 1 /
mm/dd/yyyy Type or Print Name: GREGORY J H	017
Signature and Name of Person Filing Report if Other than Pilot/Operator	
Signature:	
Type or Print Name: O 3/ GAEGORY J. HOLF	
Title:	TAX ALL IN THE CONTROL OF THE CONTRO
FOR NTSB USE ONLY	
NTSB Accident/Incident No. Reviewed by NTSB Regional Office Name of Inc	vestigator Date Report/Received