

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

Nearest City/Place: TALKEETNA PATK State: AK
 ZIP: _____ Country: USA
 Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time

Date: 05/14/2009 Local Time: 6:25 PM
 mm/dd/yyyy Time Zone: AKDT

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

_____ ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: FSS TKA

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

☒ National Weather Service ☐ Company
☒ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing

(Check all that apply)

☐ In Person
☐ Teletype
☒ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☒ Not Pertinent

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility

10+ miles

Sky/Lowest Cloud Condition

☒ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

☒ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility (Check all that apply)

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG
☐ Variable

Wind Speed

Velocity: 9 KTS

-or-

☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: _____ KTS

☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

☒ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Temperature: _____ (C)
 or _____ (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
 or _____ (F)

Icing Forecast

Amount

☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

☐ Rime
☐ Clear
☐ Mixed

Icing Actual

Amount

☒ None ☐ Moderate
☐ Trace ☐ Severe
☐ Light

Type

☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

| AIRCRAFT INFORMATION | | | | | | | | | |
|---|---------------------|---|--|---|--|--|-------------------------------|-----------------------------|--|
| Manufacturer: <u>PIPER</u> Model: <u>PA 22-20 PA 22-150</u> Serial Number: <u>22-2710</u> Registration Number: <u>N1999P</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Max Gross Weight: <u>2000</u> lbs Weight at Time of Accident: <u>1980</u> lbs Location of Center of Gravity at Time of Accident: <u>19.5</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) | | | | | |
| Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown | | Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport | | Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____ | | Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input checked="" 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 <input type="checkbox"/> Unknown | | | |
| Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____ | | | Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | | | Date Last Inspection: <u>3-5-2009</u> mm/dd/yyyy Airframe Total Time: <u>2773.2</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident | | | |
| IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HAND HELD</u> | | | |
| ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | ELT Manufacturer: <u>ALIX TECHNOLOGIES</u> Model/Series: <u>E-01</u> Serial Number: _____ Battery Type: <u>D CELL</u> Battery Exp. Date: _____ | | | | | | |
| ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | | Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected | | Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>McCAULEY</u> Model: <u>1A175 GMB241</u> | | | | | |
| Engine | Engine Manufacturer | Engine Model/Series | Manufacturing Serial Number | Date of Mfg. mm/dd/yyyy | Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) | |
| Eng. 1 | <u>LYCOMING</u> | <u>O-320</u> | <u>L282-27</u> | | <u>150</u> | <u>1942</u> | <u>20</u> | <u>176</u> | |
| Eng. 2 | | | | | | | | | |
| Eng. 3 | | | | | | | | | |
| Eng. 4 | | | | | | | | | |
| OWNER/OPERATOR INFORMATION | | | | | | | | | |
| Registered Aircraft Owner Name: <u>GREGORY J. HOLT</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Owner Address City: <u>ANCHORAGE</u> State: <u>AK</u> ZIP: <u>99516</u> Country: <u>USA</u> | | | | |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____ | | | | | Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____ | | | | |
| Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces | | | | | Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

| | | |
|--|--|--|
| Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail | Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft |
|--|--|--|

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

| | | |
|------------------------------------|-------------------------------------|--|
| Aircraft Registration Number _____ | Manufacturer: _____ Model: _____ | Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None |
|------------------------------------|-------------------------------------|--|

Registered Owner of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

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

Airport Identifier: PATK Distance From Airport Center: _____ SM
 Airport Name: TALKEETNA Direction From Airport: _____ degrees MAG
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 358 ft. MSL

Approach Segment (Select one)

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☒ Aborted Landing (after touchdown)

| | |
|--|---|
| IFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling | VFR Approach (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Stop and Go <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown |
|--|---|

Runway Information

Runway ID: 36 (L/R/C) Length: 3500 ft Width: 75 ft

| | |
|---|--|
| Runway/Landing Surface (Check all that apply) <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"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow | Condition of Runway/Landing Surface (Check all that apply) <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"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation |
|---|--|

FLIGHT ITINERARY INFORMATION

| | | | |
|---|---|--|--|
| Last Departure Point Airport ID: <u>PAMA</u> City: <u>ANCHORAGE</u> State: <u>AK</u> Country: <u>USA</u> | Time of Departure Time: <u>5:20 PM</u> Time Zone: <u>AAD</u> | Destination Airport ID: <u>PATK</u> City: <u>TALKEETNA</u> State: <u>AK</u> Country: <u>USA</u> | Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|--|

Type of ATC Clearance/Service (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

| | | | | |
|---|---|---|--|---|
| Airspace where the accident occurred (Check all that apply) | | | | |
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class E | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Jet Training Area | <input type="checkbox"/> Special |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Class G | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> TRSA | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Demo Area | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> FAR 93 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Warning Area | <input type="checkbox"/> Airport Advisory Area | | |
| Aircraft Load Description (Check all that apply) | | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Towing Glider | <input type="checkbox"/> Parachutists | <input type="checkbox"/> Livestock | |
| <input checked="" type="checkbox"/> Passengers | <input type="checkbox"/> Towing Banner | <input type="checkbox"/> Water | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Cargo | <input type="checkbox"/> Other External | <input type="checkbox"/> Chemical/Fertilizer/Seeds | | |
| FUEL & SERVICES INFORMATION | | | | |
| Fuel on Board at Last Takeoff (convert from pounds, as necessary) | | Fuel Type | | |
| 20 Gallons | | <input type="checkbox"/> 80/87 <input type="checkbox"/> 100 Low Lead <input type="checkbox"/> 100/130 | <input type="checkbox"/> 115/145 <input type="checkbox"/> Jet A <input checked="" type="checkbox"/> Automotive | <input type="checkbox"/> JP3 <input type="checkbox"/> JP4 <input type="checkbox"/> JP5 <input type="checkbox"/> Other, specify _____ |
| Other Services, if Any, Prior to Departure | | | | |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) | | | | |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) | | | | Total Time/Cycles On Part |
| SEVERE TAIL WHEEL SHIMMY AFTER TOUCH DOWN | | | | _____ Hours |
| | | | | _____ Cycles |
| | | | | Time Since This Part Inspected/Overhauled |
| | | | | _____ Hours |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY | | | | |
| Aircraft Damage | | Aircraft Fire | | Aircraft Explosion |
| <input type="checkbox"/> None | <input type="checkbox"/> Substantial | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Both Ground and In-Flight | <input checked="" type="checkbox"/> None |
| <input checked="" type="checkbox"/> Minor | <input type="checkbox"/> Destroyed | <input type="checkbox"/> In-Flight | <input type="checkbox"/> Unknown Origin | <input type="checkbox"/> In-Flight |
| | | <input type="checkbox"/> On-Ground | | <input type="checkbox"/> On-Ground |
| Description of Damage to Aircraft and Other Property (use additional sheet if necessary) | | | | |
| RIGHT GEAR BROKE AND RIGHT WING TIP WAS DAMAGED BY CONTACT WITH GROUND. AIRCRAFT VEERED ON TO SOFT GRAVEL | | | | |
| EVACUATION OF AIRCRAFT | | | | |
| Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Method of Exit – Describe how the occupants exited and how many occupants evacuated each location | | | | |
| EXITED THROUGH CABIN DOORS | | | | |

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: GREGORY J. HOLT

City: ANCHORAGE

Middle Initial: J

State: AK

ZIP: 99516

Last Name: HOLT

Country: USA

Age at time of Accident: 57

Date of Birth: 11/12/52
mm/dd/yyyy

Certificate Number: 55172-1

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☐ None ☒ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

10/02/2008
mm/dd/yyyy

Medical Certificate Limitations

CORRECTIVE LENSES

Medical Certificate Waivers

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 06/04/2008
mm/dd/yyyy

Flight Review Aircraft

Make: PIPER

Model: PA 22-150

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☒ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☒ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☒ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate
number of hours in each box)

| | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|------------------------|-----------------|----------------------|------------------------------|-------------------------|-------|------------|-----------|------------|--------|---------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | 593 | 160 | 576.3 | 16.7 | 80 | 12 | 44 | 0 | 0 | 0 |
| Pilot in Command (PIC) | 484 | 150 | 484 | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 27.2 | 27.2 | 27.2 | | | | | | | |
| Last 30 Days | 19.4 | 19.4 | 19.4 | | | | | | | |
| Last 24 Hours | 1 | 1 | 1 | | | | | | | |

PILOT "B" INFORMATION**Pilot "B" Responsibilities at the Time of Accident**

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: _____
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

Age at time of Accident: _____ Date of Birth: _____
mm/dd/yyyy

Certificate Number: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Waivers****Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks:**

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)

(Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings**Student Endorsements (Include dates)****Flight Time (enter appropriate
number of hours in each box)**

All
Aircraft

This Make
& Model

Airplane
Single
Engine

Airplane
Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter
Than Air

| | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|
| Total Time | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

| | | |
|--|-------------------------|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ | City: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious |
| Middle Initial: _____ | State: _____ ZIP: _____ | |
| Last Name: _____ | Country: _____ | |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs |

| | | |
|--|-------------------------|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ | City: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious |
| Middle Initial: _____ | State: _____ ZIP: _____ | |
| Last Name: _____ | Country: _____ | |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs |

| | | |
|--|-------------------------|---|
| Pilot Name and Address | | Degree of Injury |
| First Name: _____ | City: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious |
| Middle Initial: _____ | State: _____ ZIP: _____ | |
| Last Name: _____ | Country: _____ | |
| Pilot Certificate(s) (Check all that apply) | | Seat Occupied |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs |

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

| Name and Address | Seat | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury | Unknown |
|--|----------|------|-------------|---------|--------------|-----|-------|----------------|--------------|-----------|---------|
| First Name: <u>SHIRLY</u> City: <u>GARY</u> Middle Initial: <u>A</u> State: <u>SD</u> ZIP: <u>57237</u> Last Name: <u>HOLT</u> Country: <u>USA</u> | <u>A</u> | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| First Name: <u>TAMI</u> City: <u>ANCHORAGE</u> Middle Initial: <u>L</u> State: <u>AK</u> ZIP: <u>99516</u> Last Name: <u>HOLT</u> Country: _____ | <u>F</u> | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| First Name: <u>JACKIE</u> City: <u>ANCHORAGE</u> Middle Initial: <u>A</u> State: <u>AK</u> ZIP: <u>99516</u> Last Name: <u>HOLT</u> Country: _____ | <u>R</u> | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |

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 AVIATION WEB SITE

LEFT FLIGHT PLAN WITH FAMILY MEMBER

DEPARTED DAPA FOR PATIK AT 5:25 PM

GOT PATH ATIS ON RADIO

CONTACTED TALKATNA RADIO FOR WEATHER AND TRAFFIC

LANDED RWY 36

SEVERE TAIL WHEEL SHIMMY AFTER TOUCH DOWN

AIRCRAFT VEERED OFF ASPHALT ON TO SOFTER GRAVEL

RIGHT GEAR LEG BROKE

RIGHT WING TIP CONTACTED GROUND DAMAGING WING TIP

PROP CONTACTED GROUND STOPPING ENGINE

RECOMMENDATION (How could this accident have been prevented?)

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 ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

6/12/2009

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

GREGORY J. HOLT

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

GREGORY J. HOLT

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

AUC09CA043

Reviewed by NTSB Regional Office

Auchonre,

Name of Investigator

Johnson

Date Report Received

6/12/09