

# 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: GOLD KING  
State: ALASKA Zip: \_\_\_\_\_  
Latitude: 64.239664N Longitude: 147.742789W

### DATE/TIME:

Date: 9/7/09 Day of week: Monday  
Local Time: 1100 Time Zone: ADST

### PHASE OF OPERATION:

- ☐ Standing ☐ Takeoff (including initial climb) ☐ Cruise ☐ Approach ☐ Hover/Maneuvering  
☐ Taxi ☐ Climb ☐ Descent ☒ Landing ☐ Altitude of In-Flight occurrence \_\_\_\_\_ 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: PRIVATE AIRSTRIP NEAR WOOD RIVER  
Identifier: \_\_\_\_\_ (SEE LAT/LONG ABOVE)  
Distance From Airport Center: \_\_\_\_\_ SM  
Direction From Airport: \_\_\_\_\_ 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: PRIVATE AIRSTRIP  
Length: 1600'  
Width: 100'  
Apt. Elev: 1200 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: PIPER Homebuilt: ☐ Yes ☒ No  
Model: PA-18-150 Serial No.: 18-7609043  
Max Gross Wt: 1750 Lbs Empty Wt: 1063.6 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: \_\_\_\_\_



PILOT 'A' INFORMATION																			
Pilot Name <b>LARRY DALRYMPLE</b>			City <b>FAIRBANKS</b> State <b>ALASKA</b>				Nationality <b>99709</b>												
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input 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) - <b>EXPIRED &amp; NOT CURRENT</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input checked="" 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) <b>DC-3 EMB-110</b>			Date of Last Flight Review Or Equivalent Including FAR 121/135 Checks (M/D/Y) <b>05/19/2009</b>				Flight Review Aircraft Make <b>PIPAN</b> Model <b>PA-18-150</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>06/04/2008</b>		Limitations <b>GLASSES</b> Waivers <b>NONE</b>			Age <b>62</b> Principal Occupation <b>RETIRED - F.A.A.</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>LARRY DALRYMPLE</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 checked="" 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>3,250</b>		<b>300</b>		<b>1,000</b>		<b>2,000</b>		<b>150</b>		<b>120</b>		<b>300</b>		<b>0</b>		<b>0</b>	
Pilot In Command (PIC)		<b>2,250</b>		<b>300</b>		<b>1,000</b>		<b>1,250</b>		<b>150</b>		<b>120</b>		<b>300</b>		<b>0</b>		<b>0</b>	
Instructor		<b>600</b>		<b>100</b>		<b>500</b>		<b>500</b>		<b>50</b>		<b>50</b>		<b>100</b>		<b>0</b>		<b>0</b>	
This Make/Model										<b>20</b>		<b>0</b>		<b>5</b>					
Last 90 Days		<b>15</b>		<b>15</b>		<b>15</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
Last 30 Days		<b>5</b>		<b>5</b>		<b>5</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
Last 24 Hours		<b>1</b>		<b>1</b>		<b>1</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
FLIGHT ITINERARY INFORMATION																			
Last Departure Point Airport ID <b>A1L28</b> City <b>FAIRBANKS</b> State <b>ALASKA</b>						Time of Departure Time <b>1030</b> Time Zone <b>ADST</b>				Destination Airport ID <b>PAVIA AIRSTRIP</b> City <b>ON WOOD RIVER,</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 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												
<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						
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual    Simulated		Rotorcraft	Glider	Lighter Than Air	
Total Time												
Pilot In Command (PIC)												
Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												
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. <i>Daren Schlotfeldt</i>	<i>REAR</i>	<i>NORTH POLE, ALASKA</i>			<i>X</i>							<i>X</i>
2.												
3.												
4.												
5.												
6.												

WEATHER INFORMATION AT THE ACCIDENT SITE					
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 UNLIMITED Miles	Temp ____ (C) 65 (F)
Dew Point ____ (C) or 0 (F)	Altimeter Setting ____ MB or 0 HG	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Few _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Obscuration-Vertical Visibility _____ Ft. AGL <input type="checkbox"/> Broken _____ Feet AGL			
Wind Information Direction _____ True or _____ Mag Velocity <u>CALM</u> KTS Gusts _____ KTS		Density Altitude ____ 1300 Feet	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <u>NONE</u> <input type="checkbox"/> Specify _____		
Restriction to Visibility <input checked="" type="checkbox"/> None <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Mist <input type="checkbox"/> Other _____ <input type="checkbox"/> Ice Fog		Type of Precipitation <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Other _____		Icing FORECAST    ACTUAL <input checked="" type="checkbox"/> None <input checked="" 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"/> Commercial Weather Service <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> PATWAS/ATIS <input type="checkbox"/> Military <input type="checkbox"/> Voice Response System <input type="checkbox"/> DUAT <input type="checkbox"/> Other _____ <u>BLAIR LAKES RANCE ATIS</u>		Method of Briefing <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio		Weather Observation Facility <input type="checkbox"/> Facility ID: _____ <input type="checkbox"/> Obs Time: <u>30 min. Before Accid.</u> <input type="checkbox"/> Time Zone: _____ <input checked="" type="checkbox"/> Distance from Accident Site: <u>4 miles</u> <input checked="" type="checkbox"/> Direction from Accident Site: <u>NORTH</u>	
Briefing Type/Completeness <u>RECORDED</u> <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, Sigmet					
UNKNOWN					
FUEL & SERVICES INFORMATION					
Fuel on Board at Last Takeoff <u>26</u> Gallons or Pounds		Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <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			
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  DAMAGE LIMITED TO RIGHT WING — CRUSHED ABOUT 2' of WING LEADING EDGE AND BENT REAR WING SPAR.					
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)					
<input type="checkbox"/> No    If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure. <input checked="" type="checkbox"/> Yes    SCOTT 3200 TAILWHEEL INTERNAL FAILURE RESULTED IN NO RIGHT TAILWHEEL STEERING.		Total Time/Cycles On Part <u>APPROX 1,000</u> Hours		Time Since This Part Inspected/Overhauled <u>10</u> Hours	

**ADDITIONAL FLIGHT CREW MEMBERS**

(For Each Additional Flight Crew Member, Exclusive of Cabin Attendants, Complete the Following Information)

Pilot (C) Name	City/State (ONLY)	Crew Position
<b>Certificate(s)</b> <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
<b>Certificate(s)</b> <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
<b>Certificate(s)</b> <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**

<b>Assistance Received</b> <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		
<b>Method of Exit</b> Describe which exits were used and how many passengers evacuated from each. <i>PILOT &amp; PAW EXITED NORMALLY THRU COCKPIT DOOR.</i>		

**RECOMMENDATION (How Could This Accident Have Been Prevented?)**

Operator/Owner Safety Recommendation (Optional) <i>WISH I KNEW! WILL PROBABLY BE PLAYING IT OVER IN MY MIND FOREVER.</i>
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# 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.

Before Departing Chena Marina Airport I called Blair Lakes Range Recorded Weather obs. Sky was clear, visibility better than 10 miles, and winds reported as 070 at 4 knots. Takeoff & flight to my private airstrip near the Wood River was uneventful. Upon arrival winds appeared to be calm.

My runway lays generally 060/240, so I opted to land Runway 06. The runway is dirt (dry), but at this time of year has some 2-3' high brush. This was my first trip into the strip for this hunting season and I have a mower that I use to knock down the small brush/trees every year. The runway is 1600' long by 100' wide, but has trees on each end that are 100-125' high. Therefore, after coming over the trees, touchdown is usually about halfway down the strip.

The approach & touchdown were completely normal (I have made 300-400 landings on this strip) and about halfway down the strip following touchdown the tail came down as normal & I retracted the flaps (full flap landing), and was rolling out normally, at about 15-20 MPH.

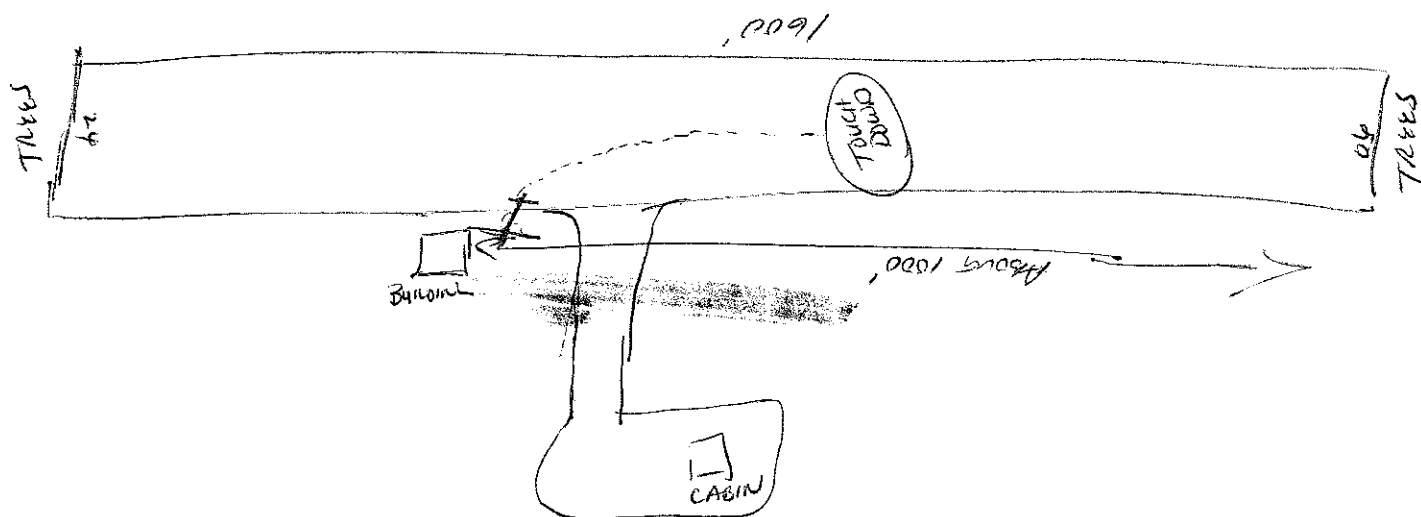
I was just starting to brake when the aircraft started drifting to the left, but at this point it was no concern. I applied right rudder, but it had no effect & the aircraft continued drifting left. Additional right rudder pedal had no effect. At this point I became very concerned as I was approaching a small building on the side of the runway. I quickly applied right brake, but it too was not effective. I hesitated to apply left brake in fear of aggravating the left turning situation.

# NARRATIVE HISTORY OF FLIGHT -cont (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.

WITHIN SECONDS OF ATTEMPTING THE RIGHT BRAKE, THE RIGHT WING IMPACTED THE BUILDING, APPROXIMATELY 3 FEET IN FROM THE WING TIP. IN ADDITION TO WING LEADING EDGE DAMAGE, THE IMPACT DAMAGED THE REAR WING SPAR, NEAR THE FUSELAGE. I SHUT DOWN THE ENGINE AND WE EXITED THE AIRCRAFT.

MY MECHANIC FLEW OUT LATER THAT EVENING, TO PREPARE THE AIRCRAFT TO BE FLEW BACK TO FAIRBANKS. WHILE INSPECTING THE AIRCRAFT, HE NOTED THAT THE TAIL WHEEL WOULD NOT ALLOW TAIL WHEEL STEERING TO THE RIGHT. HE REPLACED THE TAIL WHEEL THE NEXT DAY, FOR THE FLIGHT BACK TO FAIRBANKS.





**NARRATIVE HISTORY OF FLIGHT - cont (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.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

9/22/09

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.

ANL09CA074

Reviewed by NTSB Office Located At

ANCHOR AG7

Name of Investigator

Lewis

Date Report Received

9-28-09

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

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

<b>Pilot F</b>	<b>Name:</b>	<b>Pilot Certificate Number:</b>
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