

**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**

<b>Accident/Incident Location</b> Nearest City/Place: <u>Paxson</u> State: <u>AK</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>N6258.297</u> (dd:mm:ss N/S) Longitude: <u>-14610.844</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>08/12/2013</u> Local Time: <u>12:40 PM</u> mm/dd/yyyy Time Zone: <u>AST</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input checked="" type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> _____ 3,500 ft MSL

**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>PIPER</u> <b>Model:</b> <u>PA18</u> <b>Serial Number:</b> <u>18-8927</u> <b>Registration Number:</b> <u>N44RT</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Max Gross Weight:</b> <u>1,750</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>1,750</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>15.81</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
<b>Category of Aircraft</b> <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	<b>Type of Airworthiness Certificate</b> (Check all that apply) <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <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	<b>Number of Seats:</b> <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input checked="" type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown

<b>Type of Maintenance Program</b> <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: _____	<b>Last Inspection Type</b> <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	<b>Date Last Inspection:</b> <u>06/27/2013</u> mm/dd/yyyy <b>Airframe Total Time:</b> <u>2,420</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>HALON</u>

<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>ACK/ACR</u> <b>Model/Series:</b> <u>E01/PLB200</u> <b>Serial Number:</b> <u>IN AIRPLANE/10059</u> <b>Battery Type:</b> <u>ODYSSEY</u> <b>Battery Exp. Date:</b> <u>IN AIRPLANE</u>
<b>ELT Aided in Locating Accident/Incident</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Engine Type</b> <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	<b>Reciprocating Fuel System Type</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>McCAULEY</u> Model: <u>BORER 1A17S</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's 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	LYCOMING	0320 B2B	N45074/18-8927	1971	160	2,420	10	699
Eng. 2								
Eng. 3								
Eng. 4								

<b>OWNER/OPERATOR INFORMATION</b>			
<b>Registered Aircraft Owner</b> Name: <u>RICHARD C &amp; NANCY L JNT REV TRST &amp; LISA A SYMONDS</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>[REDACTED]</u> State: <u>ANCHORAG</u> ZIP: <u>99517</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner Name: <u>NANCY L LATHROP</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <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		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Purpose of Flight</b> 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	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International	<b>Type of Commercial Operating Certificate Held</b> (Select all that apply) <input 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	
<b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number _____	Manufacturer: _____ Model: _____		<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)			
<b>Was there Mechanical Malfunction/Failure?</b> <input checked="" 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.) ENGINE SUDDENLY WENT TO IDLE RPM'S. COULD NOT RESTORE POWER			<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	

**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)

RIGHT FLOAT CRUMPLED IN FRONT, FUSELAGE WRINKLED, RIGHT STRUTS BROKEN, LEFT WING TIP DAMAGED

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

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

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

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

Direction From Airport: \_\_\_\_\_ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: \_\_\_\_\_ 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"/> Sideslip	<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 type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input 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: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Runway/Landing Surface** (Check all that apply)

<input 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 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: TANGLE LAKECity: NONEState: AKCountry: USA**Time of Departure**Time: 12:20Time Zone: AST**Destination**

Airport ID: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

**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? ☐ Yes ☐ No**Type of ATC Clearance/Service** (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

<input type="checkbox"/> Class A	<input 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 checked="" 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)

25 Gallons**Fuel Type**

<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145	<input type="checkbox"/> JP3	<input type="checkbox"/> Other, 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	

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

DOOR KICKED OPEN, PASSENGER EXITED AND HELPED PILOT EXIT

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**

Facility ID: \_\_\_\_\_

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☒ Flight Service Station☐ TV/Radio☐ Automated Report☐ Commercial Weather Service (DUATS)☐ Company☐ Military☐ Internet☐ Unknown**Method of Briefing**

(Check all that apply)

☐ In Person☐ Teletype☒ Telephone/Computer☐ Aircraft Radio☐ TV/Radio☐ Unknown**Briefing Type/Completeness**☒ Full☐ Partial / Limited By Pilot☐ Partial / Limited By Briefer☐ Abbreviated☐ Unknown☐ Not Pertinent**Light Condition**☐ Dawn☒ Day☐ Dusk☐ Night☐ Dark Night☐ Bright Night☐ Not Reported**Visibility**

\_\_\_\_\_ 10 miles

**Sky/Lowest Cloud Condition**☒ Clear☐ Few☐ Partial Obscuration☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☒ None (clear)☐ Broken☐ Overcast☐ Obscured☐ Indefinite☐ Unknown**Restriction to Visibility (Check all that apply)**☒ None☐ Blowing Dust☐ Blowing Sand☐ Blowing Snow☐ Blowing Spray☐ Dust☐ Fog☐ Ground Fog☐ Haze☐ Ice Fog☐ Smoke☐ Unknown**Lowest Cloud Condition Height**

\_\_\_\_\_ ft AGL

**Ceiling Height**

\_\_\_\_\_ ft AGL

**Wind Direction**☐ Indicated:

\_\_\_\_\_ degrees MAG

☒ Variable**Wind Speed**

Velocity: \_\_\_\_\_ KTS

-or-

☒ Calm☐ Light and Variable**Wind Gusts**

Velocity: \_\_\_\_\_ KTS

☐ Gusting☒ Not Gusting**Type of Turbulence (Check all that apply)**☐ None☐ Clear Air☐ In Clouds☐ Vicinity of Thunderstorm**Severity of Turbulence**☐ Extreme☐ Severe☐ Moderate☐ Moderate Chop☐ Light**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

NONE

Temperature: \_\_\_\_\_ (C)  
or \_\_\_\_\_ 65 (F)Altimeter Setting: \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Icing Forecast**

Amount

☒ None☐ Trace☐ Light☐ Moderate☐ Severe

Type

☐ Rime☐ Clear☐ Mixed**Icing Actual**

Amount

☒ None☐ Trace☐ Light☐ Moderate☐ Severe

Type

☐ Rime☐ Clear☐ Mixed**Type of Precipitation (Check all that apply)**☒ None☐ Rain☐ Snow☐ Hail☐ Rain Showers☐ Freezing Rain☐ Snow Shower☐ Drizzle☐ Ice Pellets☐ Snow Pellets☐ Snow Grains☐ Ice Crystals☐ Ice Pellets Shower☐ Freezing Drizzle**Intensity of Precipitation**☐ Light☐ Moderate☐ Heavy

## PILOT "A" INFORMATION

### Pilot "A" Responsibilities at the Time of Accident/Incident

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

### Pilot "A" Identification

First Name: NANCY City: ANCHORAGE  
Middle Initial: L State: AK ZIP: 99517  
Last Name: LATHROP Country: USA

Age at time of Accident/Incident: 68 Date of Birth: mm/dd/yyyy 1945 Certificate Number: mm/dd/yyyy +

### 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

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**

11/22/2011  
mm/dd/yyyy

### Medical Certificate Limitations

HOLDER SHALL POSSESS GLASSES THAT CORRECT NEAR VISION

## Medical Certificate Waivers

**Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:** \_\_\_\_\_

06/11/2013  
mm/dd/yyyy

### Flight Review Aircraft

**Make:** CESSNA  
**Model:** 152

**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)

(Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Instrument Airplane
<input type="checkbox"/> Airplane Single-Engine	<input type="checkbox"/> Instrument Helicopter
<input type="checkbox"/> Airplane Multi-Engine	<input type="checkbox"/> Helicopter
<input type="checkbox"/> Gyroplane	<input type="checkbox"/> Glider
<input type="checkbox"/> Powered Lift	<input type="checkbox"/> Sport

### Type Ratings

**Student Endorsements** *(Include dates)*

[illegible]

<b>PILOT "B" INFORMATION</b>																																																																																																				
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "B" Identification</b> First Name: <u>Richard</u> City: <u>Anchorage</u> Middle Initial: <u>A</u> State: <u>AK</u> ZIP: <u>99517</u> Last Name: <u>Lathrop</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>68</u> Date of Birth: <u>[REDACTED]</u> <u>1945</u> Certificate Number: <u>[REDACTED]</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																																				
<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" 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																																																																																																				
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<b>Date of Last Medical</b> <u>04/05/2012</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																													
<b>Medical Certificate Limitations</b> <u>glasses to correct near vision</u>																																																																																																				
<b>Medical Certificate Waivers</b>  																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>06/12/2013</u> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>				<b>Flight Review Aircraft</b> Make: <u>Cessna</u> Model: <u>170-B</u>																																																																																																
<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<b>Other Aircraft Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																												
<b>Type Ratings</b>  						<b>Student Endorsements (Include dates)</b>  																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="text-align: left;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td>1525</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>16.1</td> <td>7.2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>8.0</td> <td>3.9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td>1.8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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		1525									Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days	16.1	7.2									Last 30 Days	8.0	3.9									Last 24 Hours		1.8								
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<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)																
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal								
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown								
Last Name: _____			Country: _____			<input type="checkbox"/> Serious										
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>										
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer								
<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"/> Foreign																
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs												
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>										
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal								
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown								
Last Name: _____			Country: _____			<input type="checkbox"/> Serious										
<b>Pilot Certificate(s)</b> (Check all that apply)						<b>Seat Occupied</b>										
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<input type="checkbox"/> Foreign																
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs												
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
<b>Name and Address</b>																
First Name: RICHARD						2										
Middle Initial: C																
Last Name: LATHROP																
City: ANCHORAGE																
State: AK																
ZIP: 99517																
Country: USA																

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

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

12:20 TOOK OFF FROM ROUND TANGLE LAKE. 2 PREVIOUS FLIGHTS FROM HUNTING CAMP THAT MORNING WERE UNEVENTFUL.  
FULL POWER DURING TAKE OFF

12:40 ENGINE SUDDENLY WENT TO IDLE RPM. PUSHING THROTTLE FWD GOT A LITTLE RESPONSE AND THEN BACK TO IDLE. SWITCHED TANKS AND LOOKED FOR LANDING AREA. APPROX 500-600 AGL, NO LAKES IN THE VICINITY. LANDED IN BRUSH AND TUNDRA. THE PLANE HIT FLOATS FIRST AND FLIPPED OVER.

**RECOMMENDATION (How could this accident/incident have been prevented?)**

Operator/Owner Safety Recommendation

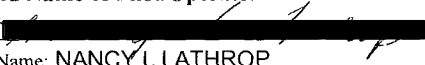
I SHOULD HAVE BEEN HIGHER TO HAVE MORE CHOICES OF LANDING AREAS, BUT IT WAS HOT AND HIGH ALT, SO I WAS IN A SLOW CLIMB AT 75 MPH TO PREVENT OVERHEATING.



**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**

<b>Date of this Report</b> 08/17/2013 <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature:  Type or Print Name: <u>NANCY L LATHROP</u>
<b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b> Signature: _____ Type or Print Name: _____ Title: _____	

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> ANC13LA079	<b>Reviewed by NTSB Regional Office</b> Anchorage, AK	<b>Name of Investigator</b> C. Shaver	<b>Date Report Received</b> 8/20/2013
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