## 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 INFORMA	TION		CAPALIDADE A											
Accident/Incident Location							Date/Time							
Nearest City/Place: Tanana				State: AK			Date: 03/08/2014 Local Time: 1300							
	ountry: US					mm/dd/yyyy						10000		
Latitude: 65.31 54 N	dd:mm:ss N/S) Long	gitude: 15	1.54 43 V	(ddd:	mm;ss E/W)				Tim	e Zone: Al	`	-		
Phase of Operation		DOT:		1007		C	ollision with (	Other Airc	raft	Altitude	of In-Flight			
	(incl. initial climb)	Cruis			over	☐ Midair Occurr			Occurren					
Taxi Climb Descent Landin	o	☐ Mane			ther nknown	☐ On-ground ☐ None ft MS						0.1401		
AIRCRAFT INFO		Дири	OGC11		uknown	IX	J None			enmaters.	ma Kiloppi	ft MSL		
Manufacturer: Piper							Max Gross V		THE STATE OF	1,750 lbs				
Model: PA-18										300		205		
Serial Number: 18-36	20			-		1	Weight at Ti					665 lbs		
					_	.1	Location of (							
Registration Number:	NOZOTC	- 4	Amateur-	built:	☐ Yes 🗹 N	0	-or-	10.50			or 🛮 datu ynamic Cord			
Category of Aircraft	Type of Airwor	thiness (	'ertificate			_		2	-	g Gear	Retrac			
Airplane	(Check all that ap)		CLUMCACC		Number of	Se	ats:	2						
Balloon	Standard	Spec	ial	- 1	If Large Airca	raft.	, how many seats	for:		any additio tration that	nal landing go	ear		
☐ Blimp/Dirigible ☐ Glider	Normal Utility	☐ Re	stricted	1					☐ Trie			ailwheel		
Gyrocraft	Utility Acrobatic	Li	mited ovisional											
Helicopter	Transport		perimental		Cabin Cr					☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid				
☐ Powered lift ☐ Ultralight	LJLSp	☐ Sp	ecial Flight	cial Flight Passenge						Float Ski				
Unknown		☐ Lig	ght Sport			Hull Unknown			□si	ki/Wheel				
Type of Maintenance I	rooram	- 1	Last Ins		- T		- 12.00							
Annual	ro <sub>p</sub> ram			3				Date Las	t Inspect		08/25/2013	3		
Conditional (Amateur-b			☐ 100 H				us Airworthiness nal Inspection			mm/dd/yyyy				
Manufacturer's Inspecti	on Program	. 4	Annual Unknown							Total Time: 5,486 hrs				
Other Approved Inspec		1 1				10 TO THE RESERVE OF THE PERSON OF THE PERSO		ours measured at (check one)						
Other, specify:						☑ Last Inspection ☐ Time of Accident/In					lent/Incident			
IFR Equipped			Stall Warning System Insta			alled Type of Fire Extinguishin			nguishing	System				
☐ Yes ☑ No ☐ Unl	cnown	- 1	Yes No Unknow					☑ None						
		1					☐ Specify							
					The section									
	LT Activated	- 1			turer: Amer									
☑ Yes ☐ No [	Yes No		Model/Series: AK-4512 AK-451-2											
ELT Aided in Locating	Accident/Inciden	ıt	Serial N	umber	- AE2C408	8C34002CD								
Yes No			Battery	Type:	LITHIUM	_			Batter	Battery Exp. Date: OCT 2015				
Engine Type	Reci	procating		1	peller					, Lapi Di		-		
	rbo Jet Syst	ет Туре		100	7									
☐ Turbo Shaft ☐ Turbo Fan ☐ Carburctor					Fixed Pitch			turer: McC						
☐ Turbo Prop ☐ U	iknown   L F	uet injectei	a .	10	Controllable P	itch	Model:	1A175/GN	18241		202			
								Engine Ra						
1			1					Power Me			Time	Time		
Engine Mai			Manut	facturer's		Date of Mfg.	100	power or	Total Time	Since Inspection	Since Overhaul			
Engine   Engine Manufac				NOT RECEIVED AND ADDRESS.	Number		mm/dd/yyyy	☐ lbs of	Thrust	(hours)	(hours)	(hours)		
Eng. 1 Lycoming	O-320 A	265		RL-36224	4-27A		1		150	5,210	29	143		
Eng. 2			-		-	_	-							
Eng. 3						_	1							
Eng. 4														

Was an emergency evacua				☑ No				
Method of Exit - Describe	how the occupants	exited and h	ow many occupan	ts evacuated eac	ch location			
WEATHER INFORM	ATION AT TH	E ACCID	ENTANCIDE	OT OUT				
Weather Observation Faci		E ACCID	Source of Weath			Market Chica		
Facility ID:			(Check all that appl			Method of Briefing (Check all that apply)		
Observation Time:			☑ National Weathe ☐ Flight Service Service		Company	☐ In Person		
Time Zone:			☐ TV/Radio		☐ Military ☐ Internet	☐ Teletype ☐ Telephone/Computer		
Distance from Accident Site:	100	NM rees MAG	Automated Repx Commercial We	ort ather Service (DU	(ATS)	☐ Aircraft Radio ☐ TV/Radio ☐ Unknown		
Briefing Type/Completenes			Light Condition			Visibility		
☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	☐ Abbreviat ☐ Unknown ☑ Not Pertin		☐ Dawn [	Dusk Night	☐ Dark Night ☐ Bright Night ☐ Not Reported	30 miles		
Sky/Lowest Cloud Condition  Ceiling  Ceiling  Ceiling  None Few Thin Overcast Partial Obscuration Unknown Overcast Overcast				Obscured Indefinite Unknown	Restriction to Visibili  None Blowing Dust Blowing Sand Blowing Snow	ity (Check all that apply)  Fog Ground Fog Haze Glee Fog		
Lowest Cloud Condition Ho	eight	Ceiling H	leight		☐ Blowing Spray	Smoke		
	ft AGL			ft AGL	Dust	Unknown		
Wind Direction	Wind Speed		Wind Gust	s	Type of Turbulence	Check all that apply)		
Indicated: 70 degrees MAG	Velocity:	10 KTS	Velocity:	15 KTS	□ None □ In o	Clouds inity of Thunderstorm		
☐ Variable	Calm Light and Vari	able	Gusting Not Gusti	ng	Severity of Turbulence  Extreme Moderate Might  Severe Moderate Chop			
NOTAMs (D, L and FDC	) AIRMETS S	CMFTs	PIREPs in offee	t at the time o	The state of the s	and the second of		
		,						
Add the to a second	Ic	ing Forecas	st		Type of Precipitat	ion (Check all that apply)		
Temperature:(C) or5 (F)		Amount None	☐ Moderate	Type ☐ Rime	☑ None	Drizzle		
Altimeter Setting: 29.92	in. HG	Trace Light	Severe	Clear Mixed	Rain Snow Hai)	☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains		
Density Altitude:	-3,462 ft Ic	ing Actual	71111		Rain Showers Freezing Rain	☐ Ice Crystals ☐ Ice Pellets Shower		
		Amount	Moderate	Type Rime	Snow Shower	Freezing Drizzle		
Dew Point:(C) or10 (F)		Trace Light	Severe	Clear Mixed	Intensity of Precip	itation		

Description of Damage to Aircraft and	Other Property (use ad	lditional sheet ij	(necessary)	William	1000	
Left wing rear false spar just forward of ailer				e of wing bent	up at tip	
		9 75 7		ie or wing bein	op at up.	
AIRPORT INFORMATION (If the	e accident/incident oc	curred on app	proach, takeoff or	within 3 miles	of an airno	ort complete this section)
			Distance Fron			SM
Airport Name:			Direction From	그리고 하다 하다 하는데		degrees MAG
Proximity to Airport Off Airport/Airs	trip 🗌 On Airport 🗀	On Airstrip	Airport Eleva	***		ft. MSL
Approach Segment (Select one)						AL ITALE
☐ On Instrument Approach ☐ Landi	1. Table 1	se leg	□Fi			☐ Go Around
IFR Approach (Check all that apply)	iwind LLo	w Approach		borted Landing (		wn)
☑ None ☐ PAR	□MLS 1	Practice	VFR Approach	(Check all the	00000000 H <u>200</u> 00	No. of the last of
☐ ADF/NDB ☐ Sidestep	A. 1	GPS	Traffic Pattern		H:	Stop and Go Fouch and Go
SDF ILS VOR/TVOR Localizer Only	C. C	Loran	Straight-In			Simulated Forced Landing
□ VOR/TVOR     □ Localizer Only       □ VOR/DME     □ LOC back course	☐ Visual ☐ Contact	☐ Unknown	☐ Valley/Terrain ☐ Go Around	Following		orced Landing
TACAN RNAV	Circling		Full Stop			recautionary Landing Juknown
Runway Information			Condition of R	unway/Landi		(Check all that apply)
Runway ID:(L/R/C) Length:	ft Width:	ft	Dry Holes	☑ Snow	-Compacted	☐ Water-Calm
Runway/Landing Surface (Check all that	apply)		Ice Covered	☑ Snow ☑ Snow		☐ Water-Choppy ☐ Water-Glassy
Asphalt Grass/Turf Mac			Rough	☐ Snow		
	al/Wood Unknow	n	Rubber Depos	its 🔲 Soft		Unknown
Dirt Loc Snor			Shush Covered	☐ Veget	ation	
FLIGHT ITINERARY INFORMA Last Departure Point		1-				
Airport ID: FAI	Time of Departure	Destination	Regional de			ht Plan Filed
City: Fairbanks	Time: 10:00		Off Airport sites		None Compan	U VFR/IFR v VFR □ IFR
State: AK	Time Zone: AK				Military	VFR Unknown
Country; US	Time Zone: AN	A CANADA		- 1	□ VFR	
Type of ATC Clearance/Service (Check a		Country:			Activated?	☐ Yes ☐ No
✓ None Special VFR	THE PROPERTY OF	. 1 55%	<b></b>	50000 CON 50		200
VFR DIFR	☐ Speci			R Flight Followi ffic Advisory	ng	☐ Cruise ☐ Unknown / NA
Airspace where the accident/incident occ	curred (Check all that of	oply)				C Calabra in
Class A Class E		hibited Area		☐ Jet Training	Arca	☐ Special
☐ Class B ☐ Class G ☐ Class C ☐ Demo Area		stricted Area		☐ TRSA		Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Class D ☐ Warning Area	I Mil	itary Operation: port Advisory A	s Area (MOA)	☐ FAR 93		Unknown
Aircraft Load Description (Check all that						
☐ None ☐ Towing Glider		achutists	3	Livestock		
Passengers Towing Banne		ter	ğ	Unknown		
☐ Cargo ☐ Other Externa		mical/Fertilizer	//Seeds			
FUEL & SERVICES INFORMAT	TION					
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type		45-44-4			
	80/87	115/145	☐ JP3	Otho	ar, specify	
25 Gallons	100 Low Lead	☐ Jet A ☐ Automotive	□ JP4 c □ JP5			
Other Services, if Any, Prior to Departur	re				7-201,0-	
randarma ust. Nassates to sacendare 3. Mes estivisto Chare. D. 4.3 in 15. 15.						
						1

OWNER/OPERATOR IN	FORMATION							
Registered Aircraft Owner			11000	Owner Address				
Name; Kenneth C. Thomas		City: Fairbanks						
B		State: AK ZIP: 99709						
Fractional Ownership Aircraft: [	」Yes ☑ No	Country: US	Ziii. <u>33703</u>					
	ame As Registered	Operator Address Same As Registered Owner						
Doing Business As:				City:				
Air Carrier/Operator Designator (4	Character Code		100	State:	ZIP:			
Regulation Flight Conducted Un	dor.			Country:				
☐ FAR 103 ☐ FAR 133 ☐	Revenue Sightseeing Flight  Yes No							
☐ FAR 121 ☐ FAR 135 ☐ FAR 125 ☐ FAR 137 ☐	Non-US, Non-con Armed Forces			Air Medical Fligh	t ]Yes ☑No			
Purpose of Flight for FAR 91, 103, 133, 137 (Select or	ie)	Revenue Operation for FAR 121, 125, 129, 135	Select one)	Type of Commerc (Check all that apply)	rial Operating Certificate Hel	d		
☑ Personal         ☐           ☐ Business         ☐           ☐ Executive/Corporate         ☐           ☐ Other Work Use         ☐           ☐ Instructional         D		□ Scheduled or Commuter     □ Non-Scheduled or Air Taxi      Domestic or International     □ Domestic □ International	d	Supplemental Air Cargo Foreign Air Carrie Commuter Air Car	None     ☐ Flag Carrier Operating Certificate (121)     ☐ Supplemental     ☐ Air Cargo     ☐ Foreign Air Carriers (129)     ☐ Commuter Air Carrier (135)     ☐ On-Demand Air Taxi (135)			
Aerial Observation		Cargo Operation			\$ 711.00M/y			
☐ Air Drop ☐ Air Race / Show		Passenger/Cargo		Rotorcraft External Load (133)				
Flight Test			w many?	Agricultural Aircraft (137)				
☐ Public Use		✓ Cargo 25 lbs Mail		Other Operator of	I arge Aircraft	erne Aircraft		
Unknown		5-100000			3.37 <del></del>			
OTHER AIRCRAFT - CO	LLISION (If a	ir or ground collision occur	red, complete	this section for other	aircraft)			
Aircraft Registration Number					Damage to Other Aircraft  ☐ Destroyed ☐ Minor			
Registered Owner of Other Airci	raft		-		Substantial None			
First Name:			***					
Middle Initial;			City: State:	ZIP:				
Last Name:			Country:	Z.A.F				
Pilot of Other Aircraft	170					-0		
First Name:			Comme					
Middle Initial:			City: State:	ZIP:				
Last Name:			Country:					
MECHANICAL MALFUNC	TION/FAILU	IRE (If more space is nee				190		
Was there Mechanical Malfuncti	CONTRACTOR OF THE PARTY	Yes No Unknown	dec, continue	on separate sneet)				
(If yes, list the name of the part, manufa	cturer, part no., ser	ial no., and describe the failure.	)		Total Time/Cycles On Part			
					Hours			
					Cycles			
					Time Since This Part Inspected/Overhaule			
					Hours			
DAMAGE TO AIRCRAFT	AND OTHER	PROPERTY				100		
Aircraft Damage	Aircraft Fire			Air-A F				
□ None ☑ Substantial	None	Both Ground and Is	a Eliobt	Aircraft Explosion  None	Пр.4.6			
☐ Minor ☐ Destroyed	☐ In-Flight ☐ On-Ground	Unknown Origin	- r mignt	☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin			

Center   Single   Center   C	PILOT "A" INFORM	IATION		MARKET			W0 55 1 1		Angelow Company	AND PLEASE	
Pilot "A" Identification		at the Time of A	ccident/Incid	lent	Water St.		13 3 3 1				
Pitest Ame   Commonth C. Thomas   Case   State: AK   ZIP: 99709   Country: US   Coun				8886666	Check Pi	lot 🗌 Fli	ight Engineer	Othe	Flight Crew		
Middle Initial:   Country: US   Country: U	Pilot "A" Identification										
Middle Intriar   Country   US   Co	First Name: Kenneth C. T	homas				or Fair	hanke				
Last Name   Indicated   Age at time of Accident/Incident:   48   Date of Birth:   1965   mm/dd/yyyy			-				Dains	210. 00.70	103		-
Age at time of Accident/Incident:    Age at time of Accident/Incident:   48	Last Name: Thomas					The second secon	JS	ZAF. 3370	/3		
Degree of Injury   None   Fatal	Age at time of Accident/Inc	rident: 48	Date of Bir		-	2012) 101 <u>1010</u>					p
None   Fatal	Degree of Injury	Sant Occurs	ind	mm/dd/y	יעניי					-	
None   Student   Generational   Commercial   Flight Engineer   Proceign   Private   Flight Instructor   Sport   Artine Transport   Flight Engineer   Proceign   Principal Occupation   Pilot   Class 1   Ober of Last Medical Certificate   With Institutions/waivers   Ober of Last Flight Review   Class 1   Ober of Last Flight Review   O	None Fatal Minor Unknown	Left Right	Front Rear	Unkno	wn	Used	17774 1879		Used	☑ Yes	□ No
None   Student   Generational   Commercial   Flight Engineer   Foreign	Pilot Certificate(s) (Check	all that apply)		-280-35							
Principal Occupation   Pilot   Other   Class 1   Driver's License (Sport Pilot only)   Without limitations/waivers   O6/11/2012   O6/11	☐ None ☐ St	udent								Foreign	1
Pilot   Class 1   Direct   Class 2   Direct   Class 2   Direct   Class 2   Direct   Class 2   Direct   Class 3   Direct   Class 3   Direct   Class 3   Direct   Class 4   Direct   Class 4   Direct   Class 5   Direct   Class 5   Direct   Class 5   Direct   Class 5   Direct   Class 6   Direct   Class 6   Direct   Class 7   Direct	Principal Occupation	Medical Certific	ate	=1.4657-133 8	Y-	-		A CONTRACTOR OF THE PARTY OF TH		Loca Madi	and .
Class 1	AND THE CONTRACTOR OF THE PARTY OF		77.770						Date of	rast Medic	:31
Medical Certificate Limitations  Medical Certificate Limitations  Medical Certificate Waivers  Make: Piper  Make: Pipe			Driver's Licer	nse (Sport Pilo	t only)	With limi	tations/waive	ers.	06/11	1/2012	
Medical Certificate Waivers  Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:  08/11/2012	Unknown	∐ Class 2	Unknown			Unknown	l		mm/di	d/yyyy	
Make: Piper   Model: PA-18	Date of Last Flight Review	201	Flight	Review Airc	craft						
Airplane Rating(s) (Check all that apply) (Ch		00/44/0040									
Airplane Rating(s)  Check all that apply)  None  Rating(s)  Check all that apply)  None  None  None  None  Ratinglane  Helicopter  Helicopter  Helicopter  Powered Lift  Chypoplane  Helicopter  Powered Lift  Ratinglane  Helicopter  Glider  Sport  Type Ratings  One  Clight Time (enter appropriate number of hours in each box)  All Aireraft  All Aireraft  Aireraft  Airelane  Single  Engine  Multiengine  Airplane  Single  Engine  Multiengine  Night  Actual Simulated  Rotocraft  Glider  Glider  Than  Chief Imme  Powered Lift  Check all that apply)  Check all that apply)  Check all that apply)  None  Airplane  Airplane  Glider  Powered Lift  Check all that apply)  None  Airplane  Glider  Sport  Fight Time (enter appropriate number of hours in each box)  Aireraft  Aireraft  Airplane  Single  Engine  Multiengine  Night  Actual Simulated  Rotocraft  Glider  Than  Chief Time  Chief in Command (PIC)  Check all that apply)  Check all that apply)  None  Airplane  Glider  Glider  Chief Make/Model  ast 90 Days  20 20  20 20  31 800  Actual Simulated  Rotocraft  Glider  Chief Make/Model  ast 90 Days  20 20  32 20  33 30 Days  34 30 Days  35 16 16 16	FAR 121/135 Checks:			54.5154174 u.v.							
Check all that apply    Chec	Almalana Dation(A)			-							
Flight Time (enter appropriate number of hours in each box)  Flight Time (enter appropriate number of hours in each box)  Flight Time (enter appropriate number of hours in each box)  Flight Time 2,000 1,800 2,000  Flotal Time 2,000 1,800 2,000  Flight Actual Simulated Rotorcraft Glider Than Pilot in Command (PIC) 2,000 1,800 2,000  Flime as Instructor  Flight Time (enter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider Than Pilot in Command (PIC) 2,000 1,800 2,000  Flime as Instructor  Flight Time (enter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider Than Pilot in Command (PIC) 2,000 1,800 2,000  Flight Time (enter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider Than Pilot in Command (PIC) 2,000 1,800 2,000  Flight Time (enter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider Than Pilot in Command (PIC) 2,000 1,800 2,000	(Check all that apply)  None Single-Engine Land Single-Engine Sea	(Check all that ap	(Check all that apply)  None Airship Free Balloon Gider Gyroplane Helicopter  (Check all that apply)  Airplane Helicopter Powered Lift		i that apply ne opter	(Check all that apply)  None   Instrument Ai Airplane Single-Engine   Instrument He Airplane Multi-Engine   Helicopter Gyroplane   Glider					Helicopter
Flight Time (enter appropriate number of hours in each hox)  Flight Time (enter appropriate number of hours in each hox)  Fotal Time  2,000  1,800  2,000  2	Type Ratings						Student	Endorseme	nts (Include	dates)	
This Make Airplane Multiengine Night Actual Simulated Rotorcraft Glider Than Total Time 2,000 1.800 2,000 Pilot in Command (PIC) 2,000 1.800 2,000 Time as Instructor  This Make/Model Last 90 Days 20 20 Last 30 Days 16 16 16	one		5W								
Total Time 2,000 1,800 2,000 Pilot in Command (PIC) 2,000 1,800 2,000 Pilot in Structor Phis Make/Model ast 90 Days 20 20 ast 30 Days 16 16 16		A 100 A		Single		059	1		Pateront	(T.	Lighter
Pilot in Command (PIC) 2,000 1,800 2,000  Time as Instructor  This Make/Model  ast 90 Days 20 20 20 20 20 20 20 20 20 20 20 20 20	Total Time			-		- agat	Accuai	Summated	AUGUICIANT.	Guder	Than Air
ime as Instructor  his Make/Model  ast 90 Days 20 20  ast 30 Days 16 16	rilot in Command (PIC)				ļ				-		-
ast 90 Days 20 20 ast 30 Days 16 16	ime as Instructor			V	Charles and Charle	-	1	1			-
ast 90 Days 20 20 ast 30 Days 16 16	his Make/Model	The same of the same of	To the second	300 mill 1			+	-	-	-	
ast 30 Days 16 16	The state of the s	20	20		- 314		-	-			
			-				+				
DE CONTRETEDO DE 11 10 10 11 11 11 11 11 11 11 11 11 11			10			-	1	1			

PILOT "B" INFORMA	The state of the s				Town.	A STATE OF	Water Brown	CONTRACTOR OF THE PARTY	Carrie all	a mily
Pilot "B" Responsibilities a					1.50					
☐ Pilot ☐ Co-Pilot	Student Pilot	Flight In	structor [	Check Pilot	□ Fi	ight Engineer	Other	Flight Crew		
Pilot "B" Identification										
First Name:					itv.					
Middle Initial:				S	tate:		ZIP:		771	
Last Name:					ountry:		70.000.00			
Age at time of Accident/Incident	ient:	Date of Birt	h:	(						
Degree of Injury	Seat Occupied	-	mine cace	-	at Belt			Shoulder l		
☐ None ☐ Fatal		Front	Unknow	ects 1000	ed ben	☐ Yes	□ No		0.43.8	п.,
☐ Minor ☐ Unknown ☐ Serious		Rear		33.5	ailable	Yes	□ No	Used Available	☐ Yes	□ No □ No
		Single			CHARLES CO.		170000	00.00000000000000000000000000000000000		
Pilot Certificate(s) (Check al		2000								
None ☐ Stud	lent ht Instructor	☐ Recreat	tional	Comme			Flight Engi		☐ Foreign	1
	Medical Certificat			-		and the same	U.S. Milita	T0.000		
Marinable of most or more areas.		Tass 3				ertificate V		Date of I	ast Medic	al
		Driver's Licens	se (Sport Pile	ot only)		limitations/wa itations/waive				
		Inknown	e (opener in	- Com,	Unknown		15	mm/dd	างงงง	
Medical Certificate Limitati	ione							1		
Medical Certificate Waivers  Date of Last Flight Review or Equivalent, Including	,	Flight I	Review Air	craft	- Hode					William
FAR 121/135 Checks:		Make: _		-						
	mm/dd/yyyy	Model:			2211			1400		
Airplane Rating(s)	Other Aircraft I	200	Instrum	ent Rating(	s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that app.	ly)		ll that apply)		(Check all t	hat apply)			
Single-Engine Land	☐ None ☐ Airship		None		1	None			Instrument A	Airplane
Single-Engine Sea	Free Balloon		☐ Airpla	anc	1	Airplane	Single Engir Multi-Engin		Instrument I Helicopter	lelicopter
Multiengine Land	Glider		Power		1	Gyropla			Glider	
Multiengine Sea	Gyroplane Helicopter		100000000000000000000000000000000000000			Powered	Lift		Sport	
	Powered Lift				.					
Type Ratings			1	7		Student E	ndorsemen	ts (Include de	wool	
Flight Time (enter appropriate	0.000.0000.0000.000	his Make	Airplane Single	Airplane	T	Inst	rument			Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	1 1					-				
Pilot in Command (PIC)				-		-				
Time as Instructor		e while-da				-				
This Make/Model	Sales Sa					-			11 1140	
Last 90 Days	+				1	-				
Last 30 Days					-	-				
Last 24 Hours									20.00	

ADDITIONAL FLIGHT CR	EW MEMBERS	Exclusive of cabin :	attendants, complete the	e following int	ormat	ion)	
Pilot Name and Address				500		Degree of	Injury
First Name:		City:				☐ None	☐ Fatal
Middle Initial:		State:	ZIP:			Minor	☐ Unknown
		Country:		-		Serious	
Pilot Certificate(s) (Check all tha	(* <u>1</u> 2.75					Seat Occup	pied
□ None □ Student □ Private □ Flight Instructor	Recreational	Commercial	☐ Flight Engineer	☐ Foreign		Left	☐ Front
	Sport	Airline Transport	U.S. Military			Right	Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight T of this Accide	ime at the Time nt/Incident:	hrs		☐ Center	☐ Single ☐ Unknown
Pilot Name and Address						Degree of I	njury
First Name:		City:				☐ None	☐ Fatal
Middle Initial:		State:	ZIP:			Minor	☐ Unknown
Last Name:		Country;				Serious	
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	oied
None Student	Recreational	Commercial	☐ Flight Engineer	☐ Foreign		Left	Front
Private Flight Instructor	Sport	Airline Transport	U.S. Military			Right	Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight T of this Accider	ime at the Time ot/Incident:	hrs		☐ Center	☐ Single ☐ Unknown
Pilot Name and Address						Degree of I	njury
First Name:		City:		-0.00		☐ None	☐ Fatal
Middle Initial:		State:	ZIP:			Minor	☐ Unknown
Last Name:	-	Country:		-		☐ Serious	
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	ied
☐ None ☐ Student	☐ Recreational	☐ Commercial	☐ Flight Engineer	Foreign	- 1	Left	☐ Front
☐ Private ☐ Flight Instructor	☐ Sport	☐ Airline Transport	U.S. Military			Right	Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight To of this Acciden	ime at the Time	hrs		Center	Single Unknown
			- Americant		- 0		
PASSENGER(S) / OTHER	PERSONNEL						
PASSENGER(S) / OTHER	PERSONNEL		ints; continue on separa		1		
PASSENGER(S) / OTHER	PERSONNEL			te sheet if ne	1		us y y y y jury
	PERSONNEL			te sheet if ne	1		erious crious crious fluor djury o Injury
Name and Address	PERSONNEL	(Include flight attenda	ints; continue on separa		1	Revenue (K Non- Occupant FAA	Fatal Sorious Injury Minor Injury No Injury Unknown
Name and Address First Name: Cole	PERSONNEL	(Include flight attenda	ints; continue on separa	te sheet if ne	Crew Non-	Revenue Non- Occupant FAA	
Name and Address First Name: Cole Middle Initial: A	PERSONNEL	City: Fairbank:	ints; continue on separa	te sheet if ne	Crew Non-	Revenue Non- Occupant FAA	Fatal Serious Injury Minor Min
Name and Address  First Name: Cole  Middle Initial: A  Last Name: Thomas	PERSONNEL	(Include flight attenda	ints; continue on separa	te sheet if ne	Crew Non-	Revenue Non- Occupant FAA	
Name and Address  First Name: Cole Middle Initial: A Last Name: Thomas  First Name:	PERSONNEL	City: Fairbank: State: AK Country: US City:	s zip: 99709	te sheet if ne	C C	Revenue Not-	00000
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See attached statement.	ed in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and ir sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtain
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DECOMMENDATION	ON (Vancandation of the Control of t
KING COMMINISTRATION	
	ON (How could this accident/incident have been prevented?)  Recommendation
Operator/Owner Safety	
Operator/Owner Safety	Recommendation

ADDITIONAL IN	NFORM	ATION (Please type or print in ink)		
Use this space if addi	tional spac	c is needed for any answers.		
		29 0		
I HEREBY CERTIFY	THAT TI	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO TH	E BEST OF MY KNOWLEDGE
Date of this Report	Signature	and		
03/15/244	Signature:			
mm/dd/yyyy		nt Name: Kenineth E. Th		This is a second of the second
Signature and Name	of Person	Filing Report if Other than Pilot/Operat	or	
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NTSB Accident/Incid ANC14CA018	ent No.	Reviewed by NTSB Regional Office WPR/Federal Way, WA	Name of Investigator	Date Report Received
		WER/FEGELAL Way, WA	L. HOGEHBUH	3/15/2014