

# 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>WASILLA</u> State: <u>AK</u> ZIP: <u>99623</u> Country: <u>USA</u> Latitude: <u>61-37-05</u> (dd:mm:ss <u>N</u> S) Longitude: <u>149-40-09</u> (ddd:mm:ss <u>E</u> W)		<b>Date/Time</b> Date: <u>MAY 4, 2014</u> Local Time: <u>3:00</u> <small>mm/dd/yyyy</small> Time Zone: <u>ALASKA</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input 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> <u>400</u> ft MSL	

## AIRCRAFT INFORMATION

<b>Manufacturer:</b> <u>TAYLORCRAFT</u> <b>Model:</b> <u>BC-12D</u> <b>Serial Number:</b> <u>6913</u> <b>Registration Number:</b> <u>164518</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Max Gross Weight:</b> <u>1200</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>1205</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>14.6</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- Percent Mean Aerodynamic Cord (% MAC)	
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<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 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
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<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>06/01/2014</u> <small>mm/dd/yyyy</small> <b>Airframe Total Time:</b> <u>1453.6</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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<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>Hand Held HALON</u> <u>mounted under Pilot Seat</u>
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<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>EMERGENCY BEACON CORP</u> <b>Model/Series:</b> <u>EBC 102A</u> <b>Serial Number:</b> <u>UN</u> <b>Battery Type:</b> <u>GS-21</u> <b>Battery Exp. Date:</b> <u>Aug 2014</u>	
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<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>1B90CM7441</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	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	CONTINENTAL	0200-A	67843-7-A		100	5316.9	0	1015.9
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
<b>Registered Aircraft Owner</b> Name: <u>Edward Tom MERREN</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> <span style="background-color: black; color: black;">[REDACTED]</span> City: <u>WASILLA AK</u> State: <u>AK</u> ZIP: <u>99623</u> Country: <u>U.S.A</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ 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 type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <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 for FAR 121, 125, 129, 135 (Select one)</b> <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>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <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			
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
<b>Aircraft Registration Number</b> _____		<b>Manufacturer:</b> _____ <b>Model:</b> _____	
<b>Registered Owner of Other Aircraft</b> First Name: _____ Middle Initial: _____ Last Name: _____		<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
City: _____ State: _____ ZIP: _____ Country: _____		City: _____ State: _____ ZIP: _____ Country: _____	
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>			<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
<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)

DAMAGE TO AIRCRAFT is very minor other than the very small dent in the left fore lift strut, limited to dents in leading edges one small tear in left wing. one wrinkled rib left wing. one side of prop last four inches is bent outward three inches.

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

Airport Identifier: 6AK8

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

Airport Name: TULAKES

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

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

Airport Elevation: 350 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)

☐ None ☐ PAR ☐ MLS ☐ Practice  
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ RNAV ☐ Circling

**VFR Approach** (Check all that apply)

☐ None ☐ Stop and Go  
☐ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☐ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☐ Full Stop ☐ Unknown

**Runway Information**

Runway ID: 6AK8 (L/R/C) Length: 1200 ft Width: 150 ft

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

☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown  
☐ Dirt ☐ Ice ☐ Snow

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

☐ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☒ Soft ☐ Unknown  
☐ Slush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION**

**Last Departure Point**

Airport ID: 6AK8

City: WASILLA

State: ALASKA

Country: USA

**Time of Departure**

Time: 3:00

Time Zone: \_\_\_\_\_

**Destination**

Airport ID: 241

City: ANCHORAGE

State: ALASKA

Country: USA

**Type Flight Plan Filed**

☒ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR

Activated? ☐ Yes ☐ 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/incident occurred** (Check all that apply)

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

**Aircraft Load Description** (Check all that apply)

☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

12 Gallons

**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ 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

I was Removed from Aircraft with Aide From a Bucket Truck  
I was Ready To climb down several Times But was Coaxed To  
stay in Plane By people on The ground.

**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

Temperature: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (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: Edward City: Wasilla  
 Middle Initial: Tom State: AK ZIP: 99623  
 Last Name: MERREN Country: USA  
 Age at time of Accident/Incident: 53 Date of Birth: mm/dd/yyyy 1960 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**

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**

03/05/2014  
 mm/dd/yyyy

## **Medical Certificate Limitations**

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION

## **Medical Certificate Waivers**

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

07/18/2013  
 mm/dd/yyyy

## **Flight Review Aircraft**

Make: TAYLORCRAFT  
 Model: F-19

## **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  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ 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	373.3	289.8	373.3		3.5		5.4			
Pilot in Command (PIC)	299.1	280.2	299.1							
Time as Instructor										
This Make/Model										
Last 90 Days	0	0	0							
Last 30 Days	0	0	0							
Last 24 Hours										

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

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

**Pilot "B" Identification**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ 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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
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)**

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</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"/> 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>Seat Occupied</b> <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
<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> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</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"/> 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>Seat Occupied</b> <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
<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> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</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"/> 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>Seat Occupied</b> <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
<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	

**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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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.

I Didn't Fly For Quite Some had moved into A New Home on Airstrip got Tied up with getting moved in over the winter my plane was out of Annual and my medical Had Expired I Renewed medical in March, and Had Annual done on May 1st Basically I was Eager To get in The Air, it was A Blue Bird Day I walked out onto Airstrip A FELT A Light Breeze Coming From The North. I was going To Anchorage To Buy A Airmans Cub Raffle Ticket. The Take off Roll was uneventful The Engine was Making Full Power, The plane Eagerly Jumped into The air. Everything was Fine until I Cleared The Trees, Suddenly The Plane Banked Hard Left and Then Hard Right I was Using Rudder To stabilize The plane when I got The plane Level I could FEEL I was in A extreme downdraft. I Pushed The nose down and Headed For the Trees. I felt The Trees were The Right CHOICE. The Landing was Quite Soft and Docile, did not Trigger ELT. I am A Firm Believer Accidents are Caused and dont Happen. After The Fact when I Realized I was in Trouble I feel my Actions are The Reason I walked Away From This Accident.

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

Operator/Owner Safety Recommendation

After Reviewing This Accident ALL The would Haves Should Haves, and could Haves I made mistakes That Lead To This Accident (1) Long Time since Last Flight Some Instruction would Have Freshened me up. (2) New Airstrip Should Have TALKED TO NEIGHBORS about procedures and quirks Associated with Airstrip I LEARNED Afterwards That The wind sometimes changes Direction. mid field and strong Rotor winds Roll off The tree tops. (3) didnt get A BRIEFING, I ALWAYS CALL FOR A BRIEFING? (4) I Have AwoS at Wasilla one Button calling on my Phone didnt CALL (5) The main mistake WAS I WAS IN A HURRY To get To Anchorage. I could have drove THE CAR and This would Not Have Happened



**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**05/27/2014  
mm/dd/yyyy**Signature and Name of Pilot/Operator**Signature: Type or Print Name: EDWARD TOM MERREN**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

AWE14CA027

**Reviewed by NTSB Regional Office**

Anchorage

**Name of Investigator**

C. Shaver

**Date Report Received**

05/29/2014