NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Niniski State: AK
ZIP: 99635 Country: USA
Latitude: 60° 52.589 Longitude: 152° 05.121
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 11/27/2014 *mm/dd/yyyy* Local Time: 11:17 am
Time Zone: AK

Collision with Other Aircraft: ○ Midair ○ On-ground ⊘ None

AIRCRAFT INFORMATION

Registration Number: N9720P
Manufacturer: Piper
Model: PA-18
Serial Number: 18-7509137
Year of Manufacture: 1975
Amateur-Built: ○ Yes ⊘ No *If Yes:* ○ Kit/Plans ○ Original Design Make:

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1750 lbs
Weight at Time of Accident/Incident: 1687 lbs
Number of Seats: 2 Flight Crew Seats: 1
Cabin Crew Seats: Passenger Seats: 1
Number of Engines:

Category of Aircraft
⊘ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
○ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☑ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☑ None ☐ Unknown

Landing Gear *(Check all that apply)*
☐ Retractable
☐ Tricycle ☑ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
⊘ Reciprocating ○ Liquid Rocket
○ Turbo Shaft ○ Solid Rocket
○ Turbo Prop ○ Hybrid Rocket
○ Turbo Jet ○ None
○ Turbo Fan ○ Unknown
○ Electric

Fuel System Type *(Reciprocating)*
⊘ Carburetor ○ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ⊘ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Avco Lycoming	O-360-A3A	L-19397-36A	?	180 h.p.	7564	80	764
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
○ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
⊘ Annual ○ Unknown
Date Last Inspection: 09/4/2014 *mm/dd/yyyy*
Airframe Total Time: 7484 hrs
hours measured at *(Select one)*
⊘ Last Inspection ○ Time of Accident/Incident

Type of Maintenance Program *(Select one)*
⊘ Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
○ Other Approved Inspection Program (AAIP)
○ Continuous Airworthiness
⊘ Other, specify: 100 hr

Description of Fire Extinguishing System
○ None
⊘ Specify:
hand held - not used

Propeller 1 ⊘ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer: McCauley
Model: 1A200

Propeller 2 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer:
Model:

ELT Installed: ⊘ Yes ○ No
If Yes:
ELT Manufacturer: Artex
Model or Part No.: 452-6499
TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ⊘ C126 (406 MHz)
Was ELT still mounted in aircraft? ⊘ Yes ○ No
Was ELT still connected to antenna? ⊘ Yes ○ No
Did ELT Activate? ⊘ Yes ○ No
If activated:
Did ELT Aid in Locating Aircraft: ⊘ Yes ○ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Additional Equipment *(Check all that apply)*
☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:
+ Airframe Mount G.P.S.

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: Summit Leasing LLC
Fractional Ownership Aircraft: ○ Yes ⊘ No
City: Kenai
State: AK ZIP: 99611
Country: USA

Operator of Aircraft ☐ *Same As Registered Owner*
Name: Alaska West Air Inc
Doing Business As:
Air Carrier/Operator Designator (4 Character Code): ACWC030G
☐ *Same Address as Registered Owner*
City: Nikiski
State: AK ZIP: 99635
Country: USA

Operating Certificates Held *(Check all that apply)*
☐ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☒ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under
○ FAR 91 ○ FAR 129 ○ FAR 415
○ FAR 103 ○ FAR 133 ○ FAR 431
○ FAR 121 ⊘ FAR 135 ○ FAR 435
○ FAR 125 ○ FAR 137 ○ FAR 437
○ FAR 91 Special Flight
○ Non-US, Commercial
○ Non-US, Non-commercial
○ Public Aircraft *(Select one)*
○ Armed Forces
○ Federal
○ State
○ Local
○ Unknown

Revenue Operation for FAR 121, 125, 129, 135 *(Select one for each group)*
○ Scheduled or Commuter ○ Domestic
⊘ Non-Scheduled or Air Taxi ○ International
○ Passenger
○ Cargo
○ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*
○ Aerial Application ○ Firefighting ○ Unknown
○ Aerial Observation ○ Flight Test
○ Air Drop ○ Glider Tow
○ Air Race/Show ○ Instructional
○ Banner Tow ○ Other Work Use
○ Business ○ Personal
○ Executive/Corporate ○ Positioning
○ External Load ○ Skydiving
○ Ferry

Revenue Sightseeing Flight
○ Yes ⊘ No

Air Medical Flight
○ Yes ⊘ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: N/A
Airport Identifier:
Proximity to Airport: ○ Off Airport/Airstrip ○ On Airport/Airstrip ○ N/A
Distance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
Airport Elevation: _____ ft. msl

Runway Information
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface *(Check all that apply)*
☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment *(Select one)*
○ Taxi ○ VFR Departure ○ On Instrument Approach ○ Downwind ○ Low Approach
○ Takeoff ○ IFR Departure Procedure/Clearance ○ Landing ○ Base ○ Go Around
○ Initial Climb ○ Final ○ Aborted Landing (after touchdown)
○ Crosswind ○ Unknown

IFR Approach *(Check all that apply)*
☐ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach *(Check all that apply)*
☐ None
☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident
(X) Pilot ( ) Co-Pilot ( ) Student Pilot ( ) Flight Instructor ( ) Check Pilot ( ) Flight Engineer ( ) Other Flight Crew

"Flight Crewmember 1" was pilot flying ( ) Yes ( ) No

"Flight Crewmember 1" Identification
First Name: Bradley
Middle Initial: A
Last Name: Adams
City of Residence: Soldotna
State: AK ZIP: 99669
Country: USA
Age at time of Accident/Incident: 55 Date of Birth: [redacted]/1959 mm/dd/yyyy
Certificate Number: [redacted]

Degree of Injury
( ) None ( ) Fatal
( ) Minor ( ) Unknown
(X) Serious

Seat Occupied
( ) Left (X) Front ( ) Unknown
( ) Right ( ) Rear
( ) Center ( ) Single

Restraint Type

Available	Used
( ) None	( ) None
(X) Lap only	(X) Lap only
( ) 3-point	( ) 3-point
( ) 4-point	( ) 4-point
( ) 5-point	( ) 5-point
( ) Unknown	( ) Unknown

Inflatable Restraints
(X) Not Installed
( ) Installed
( ) Not Deployed
( ) Deployed
( ) Unknown

Pilot Certificate(s) *(Check all that apply)*
( ) None ( ) Flight Instructor (X) Commercial ( ) US Military
( ) Private ( ) Recreational ( ) Airline Transport ( ) Foreign
( ) Student ( ) Sport ( ) Flight Engineer

Principal Occupation
(X) Pilot
( ) Other
( ) Unknown

Medical Certificate
( ) None ( ) Class 3
( ) Class 1 ( ) Driver's License (Sport Pilot only)
(X) Class 2 ( ) Unknown

Medical Certificate Validity
(X) Without limitations/waivers ( ) Unknown
( ) With limitations/waivers ( ) N/A
( ) Special Issuance

Date of Last Medical
04/07/2014 mm/dd/yyyy

Medical Certificate Limitations
must have available glasses for near vision.

Medical Certificate Special Issuance
N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/09/2014 mm/dd/yyyy

Flight Review Aircraft
Make: DeHavilland
Model: DHC-3T

Airplane Rating(s) *(Check all that apply)*
( ) None
(X) Single-Engine Land
(X) Single-Engine Sea
(X) Multiengine Land
( ) Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
( ) None
( ) Airship
( ) Balloon
( ) Glider
( ) Gyroplane
(X) Helicopter
( ) Powered Lift

Instrument Rating(s) *(Check all that apply)*
( ) None
(X) Airplane
( ) Helicopter
( ) Powered Lift

Instrument Rating(s) *(Check all that apply)*
(X) None
( ) Airplane Single-Engine
( ) Airplane Multi-Engine
( ) Gyroplane
( ) Powered Lift
( ) Instrument Airplane
( ) Instrument Helicopter
( ) Helicopter
( ) Glider
( ) Sport

Type Ratings
None

Student Endorsements *(Include dates)*

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	6600	3500	6400	1600	130	5	30	100		
Pilot in Command (PIC)										
Time as Instructor	0	—								
This Make/Model										
Last 90 Days	100	30	100	0	0	0	0	0		
Last 30 Days	10	10	10	0	0	0	0	0		
Last 24 Hours	0	0	0	0	0	0	0	0		

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident
○ Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

N/A single pilot

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

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

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints
☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

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 ○ Unknown
○ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical
_____ *mm/dd/yyyy*

Medical Certificate Limitations

Medical Certificate Special Issuance

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
☐ 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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address N/A

First Name: ______ City of Residence: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Seat Occupied: ○ Left ○ Center ○ Right ○ Front ○ Rear ○ Single ○ Unknown

Injury: ○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

Restraint Type:
Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown
Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown

Inflatable Restraints: ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Crew Name and Address

First Name: ______ City of Residence: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Seat Occupied: ○ Left ○ Center ○ Right ○ Front ○ Rear ○ Single ○ Unknown

Injury: ○ None ○ Minor ○ Serious ○ Fatal ○ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign

Restraint Type:
Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown
Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown

Inflatable Restraints: ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: Dalton City: Kenai Middle Initial: ______ State: AK ZIP: 99611 Last Name: Dosko Country: USA ○ Crew ● Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Krew Row: ____	● None ○ Minor ○ Serious ○ Fatal ○ Unknown	Available: ○ None ● Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used: ○ None ● Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	14 ☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown Row: ____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	Available: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used: ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* ○ Child Restraint ○ Lap-Held ○ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: Salamatof
City: Nikiski
State: AK
Country: USA

Time of Departure
Time: 10:30am
Time Zone: AK

Destination
Airport ID: None - remote
City:
State:
Country:

Type Flight Plan Filed
○ None ○ VFR/IFR
◉ Company VFR ○ IFR
○ Military VFR ○ Unknown
○ VFR
Activated? ◉ Yes ○ No ○ Unknown

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

Altitude of In-Flight Occurrence: 1148 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
☒ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☒ Internet
☒ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility
Facility ID: PAEN
Observation Time: 10:00 am
Time Zone: AK
Distance from Accident Site: 32 nm
Direction from Accident Site: 280° degrees true

Basic Conditions
○ VMC
○ IMC
○ Unknown

Light Condition
○ Dawn ○ Dusk ○ Dark Night ○ Unknown
◉ Day ○ Night ○ Bright Night

Sky/Lowest Cloud Condition
☒ Clear ○ Thin Broken
○ Few ○ Thin Overcast
○ Partial Obscuration ○ Unknown
○ Scattered
Lowest Cloud Condition Height
_____ ft agl

Ceiling
☒ None (Clear) ○ Obscured
○ Broken ○ Indefinite
○ Overcast ○ Unknown
Ceiling Height
_____ ft agl

Temperature: _____ (C) or 25° (F)
Dew Point: _____ (C) or 7 (F)
Altimeter Setting: _____ in. Hg
or _____ MB

Wind Direction
☒ Variable
-or-
Direction: _____ degrees true

Wind Speed
☐ Calm
☒ Light and Variable
-or-
Speed: _____ kts

Wind Gusts
☒ Not Gusting
-or-
Speed: _____ kts

Visibility unlimited miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation
○ Light
○ Moderate
○ Heavy
◉ N/A
○ Unknown

Type of Precipitation *(Check all that apply)*
☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility *(Check all that apply)*
☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast
Amount
☒ None
○ Trace
○ Light
○ Moderate
○ Severe
○ Unknown
Type
☒ N/A
○ Rime
○ Clear
○ Mixed
○ Unknown

Icing Actual
Amount
☒ None
○ Trace
○ Light
○ Moderate
○ Severe
○ Unknown
Type
◉ N/A
○ Rime
○ Clear
○ Mixed
○ Unknown

Turbulence
Type *(Check all that apply)*
☒ None
☐ Clear Air
☐ Terrain-Induced
☐ Convective Turbulence
Severity
☐ Light
☐ Moderate
☐ Severe
☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: None

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

Operator/Owner Safety Recommendation

Not Knowing why engine quit I cannot make recommendation.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Not sure at this time.

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

20 Gallons

Fuel Type

○ 80/87	○ 115/145	○ Jet B	○ Other, specify _____
◉ 100 Low Lead	○ Jet A	○ JP8	
○ 100/130	○ Jet A-1	○ Automotive	

Other Services, if Any, Prior to Departure

Aircraft was in heated hangar 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

Main door. Passenger first. Then pilot.

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

Aircraft Registration Number _____

Manufacturer: _____

Model: N/A

Damage to Other Aircraft
☐ Destroyed ☐ Minor ☐ Substantial ☐ None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft

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

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	Name of Pilot/Operator: Douglas A. Brewer
12/1/2014 (mm/dd/yyyy)	Signature: [redacted]
	-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ANC15LA005	ANCHORAGE, ALASKA	C. SHAVER	12/2/2014

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
- ○ None
- ○ Minor
- ⊗ Substantial
- ○ Destroyed
- ○ Unknown

Aircraft Fire
- ⊗ None
- ○ In-Flight
- ○ On-Ground
- ○ Both Ground and In-Flight
- ○ Fire at Unknown Time
- ○ Unknown

Aircraft Explosion
- ⊗ None
- ○ In-Flight
- ○ On-Ground
- ○ Both Ground and In-Flight
- ○ Explosion at Unknown Time
- ○ Unknown

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

Collapsed landing gear, all wing struts collapsed, airframe broke @ firewall.

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

9:00 am Brad Adams & Doug Brewer arrive @ Alaska West Air Hangar. Wx is checked for flight and is found to be clear; no wind both departure point & destination. Planes are fueled and readied for flight
At approx 10:30 a.m. N9720P & N181AW departed Salamantof airstrip.
N9720P has 2+ hrs fuel onboard.
Each aircraft had 1 passenger and equipment. Our destination was the forelands.
Both aircraft climbed to 4500ft to cross Cook Inlet @
30 miles NW. After circling for 15 minutes and looking
runway over 181AW landed first. Strip was grass with 1"
of light snow - est. 1200ft. After unloading 1AW made radio call
on company freq with no reply. 1AW took off to the South
and started searching for 20P. With no contact after 10 min 1AW
decided to land back at strip and found 20P on final. It was
appox 11:20 am. 1AW stayed airborne and called Kenai flight service
to launch rescue helicopter on 122.65. Immediately after 1AW called
company and dispatched company helicopter on 131.90. 1AW then landed
and walked 300 yds to wreckage. Both occupants were out of aircraft
Passenger was walking around & pilot was under tarp and coats to stay
warm. Pilot said engine quit on short final and he couldn't make the
runway. Pilot said his ankle was broken and head was cut. Head was
Bandaged tightly and foot was put in splint. 10 min later we made a
sat phone call to Kenai FSS to check status of RCC Heli. At this time they
hadn't found a crew to launch so estimate was 2 hrs. Shortly after this call our
company R-44 landed (at 25 min from call). Pilot & passenger were taken to Soldotna
Hospital. Wx at time of accident was Clear and 50+ miles visibility.
Temp was 9° at sea level; est 25° degrees @ 1000ft. ~~Aircraft had 2hrs +~~ ~~at departure. Both tanks were check~~ Aircraft struck near vertical [illegible] backwards before stopping.

over