

**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>Homer</u> State: <u>AK</u> ZIP: <u>99603</u> Country: <u>USA</u> Latitude: <u>59:38:44 N</u> (dd:mm:ss N/S) Longitude: <u>151:28:36 S</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>10/23/2013</u> Local Time: <u>1530</u> <i>mm/dd/yyyy</i> Time Zone: <u>AK</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input 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 checked="" 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>84</u> ft MSL

**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>BEECHCRAFT</u>	<b>Max Gross Weight:</b> <u>16,600</u> lbs
<b>Model:</b> <u>BE-1900-C</u>	<b>Weight at Time of Accident/Incident:</b> <u>14,991</u> lbs
<b>Serial Number:</b> <u>UC-93</u>	<b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>288</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum
<b>Registration Number:</b> <u>N575U</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-or- <u>        </u> 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> <i>(Check all that apply)</i> <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>21</u> If Large Aircraft, how many seats for: Flight Crew: <u>2</u> Cabin Crew: <u>0</u> Passengers: <u>19</u>	<b>Landing Gear</b> <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" 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 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 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 checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> <u>10/04/2013</u> <i>mm/dd/yyyy</i>
		<b>Airframe Total Time:</b> <u>29,841</u> hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident

<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Hawker Beechcraft</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>ArTex</u>
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Model/Series:</b> <u>C406-2</u>
	<b>Serial Number:</b> <u>210-01296</u>
	<b>Battery Type:</b> <u>Lithium</u> <b>Battery Exp. Date:</b> <u>May 2017</u>

<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>Hartzell</u> Model: <u>HC-B4MP-3A</u>
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <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	Pratt & Whitney	PT6A-65B	PCE-32413	09/01/1989	1173	28,022	821	821
Eng. 2	Pratt & Whitney	PT6A-65B	PCE-32468	02/01/1990	1173	37,157	1,739	1,739
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION**

<b>Registered Aircraft Owner</b> Name: <u>Icecap LLC Trustee</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Owner Address</b> City: <u>Anchorage</u> State: <u>Alaska</u> ZIP: <u>99502</u> Country: <u>USA</u>
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner Name: <u>Era Aviation, Inc.</u> Doing Business As: <u>Era Alaska</u> Air Carrier/Operator Designator (4 Character Code): <u>ERAA</u>	<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____

<b>Regulation Flight Conducted Under</b> <input 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 checked="" 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
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<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <input 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 checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi <b>Domestic or International</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International <b>Cargo Operation</b> <input checked="" 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 checked="" 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
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**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number <u>N/A</u>	Manufacturer: <u>N/A</u> Model: <u>N/A</u>	Damage to Other Aircraft <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: <u>N/A</u> Middle Initial: _____ Last Name: _____	City: <u>N/A</u> State: _____ ZIP: _____ Country: _____	
<b>Pilot of Other Aircraft</b>		
First Name: <u>N/A</u> Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	

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

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <u>N/A</u>	<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
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**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
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**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)

Damage is being accessed as of this date 04, November 2013.

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

Airport Identifier: PAHO

Distance From Airport Center: 0 SM

Airport Name: Homer Airport

Direction From Airport: N/A degrees MAG

Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip

Airport Elevation: 84 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  Sideslip  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: RWY 22 (L/R/C) Length: 6,701 ft Width: 150 ft

**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

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

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

**FLIGHT ITINERARY INFORMATION**

**Last Departure Point**

Airport ID: PANC  
 City: Anchorage  
 State: Alaska  
 Country: USA

**Time of Departure**

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

**Destination**

Airport ID: PAHO  
 City: Homer  
 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)  
326 Gallons

**Fuel Type**

80/87  115/145  JP3  
 100 Low Lead  Jet A  JP4  
 100/130  Automotive  JP5  
 Other, specify \_\_\_\_\_

**Other Services, if Any, Prior to Departure**

N/A

**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  
 After the aircraft stopped on runway. Aircraft was secured by the flightcrew, and all occupants exited the aircraft through the main airstair door.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: PAHO Observation Time: 2253 Z (1525 LT) Time Zone: AK Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		<b>Source of Weather Information</b> (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown		<b>Method of Briefing</b> (Check all that apply) <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
<b>Briefing Type/Completeness</b> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<b>Visibility</b> _____ 10 miles

<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		<b>Restriction to Visibility</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown	
<b>Lowest Cloud Condition Height</b> _____ ft AGL		<b>Ceiling Height</b> _____ ft AGL			

<b>Wind Direction</b> <input checked="" type="checkbox"/> Indicated: _____ 50 degrees MAG <input checked="" type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ 5 KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ 0 KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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**NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident**  
 See attachment

<b>Temperature:</b> _____ 06 (C) or _____ (F) <b>Altimeter Setting:</b> _____ 29.79 in. HG or _____ MB <b>Density Altitude:</b> _____ ft <b>Dew Point:</b> _____ -03 (C) or _____ (F)	<b>Icing Forecast</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	<b>Icing Actual</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	

**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: Alyssabeth City: [REDACTED]  
 Middle Initial: K State: [REDACTED] ZIP: [REDACTED]  
 Last Name: Hickerson Country: [REDACTED]  
 Age at time of Accident/Incident: 34 Date of Birth: [REDACTED] Certificate Number [REDACTED]  
*mm/dd/yyyy*

<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 checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Pilot Certificate(s)** *(Check all that apply)*

None  Student  Recreational  Commercial  Flight Engineer  Foreign  
 Private  Flight Instructor  Sport  Airline Transport  U.S. Military

<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" 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 checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>03/21/2013</u> <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**

None

**Medical Certificate Waivers**

None

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>08/05/2013</u> <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> Make: <u>Beechcraft</u> Model: <u>BE-1900-C</u>
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input checked="" 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)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input checked="" 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
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<b>Type Ratings</b> BE-1900-C SIC Required DHC-8 SIC Privileges Only	<b>Student Endorsements</b> <i>(Include dates)</i> N/A
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Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	7,609			1,807		200		0	0	0
Pilot in Command (PIC)	6,639	739		1,439				0	0	0
Time as Instructor								0	0	0
This Make/Model										
Last 90 Days	134	134	0	134	7			0	0	0
Last 30 Days	66	66	0	66	7			0	0	0
Last 24 Hours	0	0	0	0	0			0	0	0

**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: Patrick City: [REDACTED]  
 Middle Initial: L State: [REDACTED] ZIP: [REDACTED]  
 Last Name: Clark Country: [REDACTED]  
 Age at time of Accident/Incident: 58 Date of Birth: [REDACTED] Certificate Number: [REDACTED]  
*mm/dd/yyyy*

<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 checked="" type="checkbox"/> Right <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Pilot Certificate(s)** *(Check all that apply)*  
 None  Student  Recreational  Commercial  Flight Engineer  Foreign  
 Private  Flight Instructor  Sport  Airline Transport  U.S. Military

<b>Principal Occupation</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" 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>04/01/2013</u> <i>mm/dd/yyyy</i>
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**Medical Certificate Limitations**  
 Must wear wear corrective lenses

**Medical Certificate Waivers**  
 None

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>02/09/2013</u> <i>mm/dd/yyyy</i>	<b>Flight Review Aircraft</b> Make: <u>Beechcraft</u> Model: <u>BE-1900-C</u>
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input checked="" 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)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <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
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<b>Type Ratings</b> None	<b>Student Endorsements</b> <i>(Include dates)</i> N/A
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Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2,337	383		1,027		60	76	35	0	0
Pilot in Command (PIC)	1,581	0		644				0	0	0
Time as Instructor	0	0	0	0				0	0	0
This Make/Model										
Last 90 Days	204	204	0	204				0	0	0
Last 30 Days	83	83	0	83				0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

**ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: <u>N/A</u>	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) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
<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: <u>N/A</u>	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) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
<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: <u>N/A</u>	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) (Check all that apply)</b>		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
<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: <u>SEE ATTACHED PASSENGER LIST</u>	_____	<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 checked="" type="checkbox"/>
Middle Initial: _____	_____	<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"/>
Last Name: _____	_____	<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"/>
City: _____	_____	<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"/>
State: _____ ZIP: _____	_____	<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"/>
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"/>
		<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"/>
		<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"/>
		<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"/>
		<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"/>
		<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"/>
		<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"/>
		<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.

Rested crew, first flight of the day. Clear weather, light winds. Normal visual approach and landing. After touchdown the FO inadvertently and mistakenly raised the landing gear lever. The gear retracted normally and the aircraft slid on it's belly to a stop on the center line of the runway. Occupants evacuated in an orderly fashion from the main boarding door.

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

Operator/Owner Safety Recommendation

New procedure was immediately implemented prohibiting after landing flows prior to Captain calling for the checklist.



**ADDITIONAL INFORMATION** *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

N/A

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

**Date of this Report**

11/04/2013

*mm/dd/yyyy*

**Signature and Name of Pilot/Operator**

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

Type or Print Name: Everett C. Leaf, Director of Operations - Era Aviation

**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.**

**Reviewed by NTSB Regional Office**

**Name of Investigator**

**Date Report Received**

Era Aviation Inc.  
Weather

HICKERSON, ALYSSABETH  
Captain

CLARK, PATRICK  
Copilot

Era Alaska

879 FAT 1525 RH

\*\*\*\*\* Surface Observations \*\*\*\*\*

PANC 232253Z 00000KT 10SM FEW025 SCT200 04/M03 A2977  
METAR PAHO 232253Z 07005KT 10SM CLR 06/M03 A2979 RMK AO2 SLP089  
T00561028  
PAEN 232253Z 00000KT 10SM CLR 06/M01 A2978

\*\*\*\*\* Terminal Forecasts \*\*\*\*\*

TAF AMD PANC 232034Z 2321/2424 VRB04KT P6SM SCT200  
FM241900 02008KT P6SM VCSH SCT050 BKN090 OVC120  
WS020/14040KT  
TAF PAHO 231731Z 2318/2418 VRB04KT P6SM SCT200  
FM241400 07012KT P6SM VCSH SCT040 OVC070  
TAF PAEN 231731Z 2318/2418 VRB04KT P6SM SCT200  
FM241300 03015KT P6SM SCT060 OVC100

\*\*\*\*\* FD Winds Aloft Forecast \*\*\*\*\*

DATA BASED ON 231800Z  
VALID 240000Z FOR USE 2000-0300Z. TEMPS NEG ABV 24000  
FT 3000 6000 9000 12000 18000 24000 30000 34000 39000  
ANC 3506 3617-04 3514-08 3411-15 3309-30 2516-40 243150 244050 234450  
HOM 0221 3413-03 3308-08 3107-15 2617-28 2642-38 276549 265753 245151

\*\*\*\*\* Runway NOTAMS \*\*\*\*\*

!ANC 10/138 ANC RWY 7R/25L WORK IN PROGRESS CONST 1100FT EAST  
1310201928-1310240100

\*\*\*\*\* Obstruction NOTAMS \*\*\*\*\*

!ENA 07/062 ENA OBST DRILL RIG 228 (135 AGL) .6 E LGTD WEF  
1308010800-1401010759

\*\*\*\*\* Navigation NOTAMS \*\*\*\*\*

!ANC 10/116 ANC NAV ILS RWY 7R CAT 2/3 NA 1310161822-1404161822EST  
!ANC 10/130 ANC NAV ILS RWY 7R OUT OF SERVICE DAILY 1500-0200  
1310191500-1310290200

\*\*\*\*\* Taxiway NOTAMS \*\*\*\*\*

!ANC 10/145 ANC TWY L BTN TWY G1 AND TWY R CLSD  
1310232042-1310232300EST

\*\*\*\*\* Ramp/Apron NOTAMS \*\*\*\*\*

!ENA 09/072 ENA APRON CLSD N OF TWY LIMA

\*\*\*\*\* Service NOTAMS \*\*\*\*\*

!ENA 10/049 ENA SVC ASOS 120.3 CHANGED TO 133.35 1310171600-PERM  
!ENA 10/060 ENA SVC TWR GROUND CTL 121.9 CHANGED TO 118.75  
1310182000-PERM  
!ENA 10/059 ENA SVC ATIS 120.3 CHANGED TO 133.35 1310182000-PERM

\*\*\*\*\* FDC NOTAMS \*\*\*\*\*

!FDC 3/7757 HOM IAP HOMER, HOMER, AK.  
RNAV (GPS) Z RWY 4, AMDT 1...  
DELETE NOTE: PROCEDURE NA AT NIGHT.  
DELETE NOTE: HELICOPTER VISIBILITY REDUCTION BELOW 1 SM NOT  
AUTHORIZED.  
34:1 IS CLEAR.  
THIS IS RNAV (GPS) Z RWY 4, AMDT 1A. 1310171300-PERM

!FDC 3/7752 HOM IAP HOMER, HOMER, AK.  
RNAV (GPS) Y RWY 4, AMDT 1...  
DELETE NOTE: RWY 4 STRAIGHT-IN AND CIRCLING MINIMUMS NA AT  
NIGHT.  
DELETE NOTE: HELICOPTER VISIBILITY REDUCTION BELOW 1 SM NOT  
AUTHORIZED.  
34:1 IS CLEAR.  
THIS IS RNAV (GPS) Y RWY 4, AMDT 1A. 1310171300-PERM

!FDC 3/7750 HOM IAP HOMER, HOMER, AK.  
LOC/DME BC RWY 22, AMDT 5A...  
DELETE NOTE: RWY 22 STRAIGHT-IN AND CIRCLING MINIMUMS NA AT  
NIGHT.  
THIS IS LOC/DME BC RWY 22, AMDT 5B. 1310171300-PERM

!FDC 3/7749 HOM IAP HOMER, HOMER, AK.  
RNAV (GPS) Y RWY 22, AMDT 1...  
DELETE NOTE: RWY 22 STRAIGHT-IN AND CIRCLING MINIMUMS NA AT  
NIGHT.  
THIS IS RNAV (GPS) Y RWY 22, AMDT 1A. 1310171300-PERM

!FDC 3/7744 HOM IAP HOMER, HOMER, AK.

Era Aviation Inc.

HICKERSON, ALYSSABETH

CLARK, PATRICK

Era Alaska

Weather

Captain

Copilot

RNAV (GPS) Z RWY 22, AMDT 1..

DELETE NOTE: PROCEDURE NA AT NIGHT.

THIS IS RNAV (GPS) Z RWY 22, AMDT 1A. 1310171300-PERM

\*\*\*\*\* FA Hazards and Flight Precautions \*\*\*\*\*

ANCH FA 232245 COR

AK SRN HLF EXCP SE AK...

AIRMETS VALID UNTIL 240200

TS IMPLY POSSIBLE SEV OR GREATER TURB SEV ICE LLWS AND IFR CONDS.  
NON MSL HEIGHTS NOTED BY AGL OR CIG.

SYNOPSIS VALID UNTIL 241400

A 996MB LOW OVR PACY MOVS INTO NW CANADA BY 06Z AND INTO THE NW  
TERRITORIES BY 14Z. AN ASSOC OCFNT OVR ERN COPPER RIVER ALSO  
MOVS E INTO CANADA BY THE END OF THE PD. A 986MB 100 N PAAK WL  
MOV TO NR PAAK BY 14Z. A 969MB LOW 200 SE PADU WL MOV TO PACD BY  
14Z. AN ASSOC OCFNT WL MOV N INTO THE ERN ALUTNS AND AKPEN-SE  
BY THE END OF THE PD. A TROF WL PRST OVR WRN ALUTNS-CNTRL AND  
SE BERING SEA THRU 14Z.

COOK INLET AND SUSITNA VLY AB...VALID UNTIL 240800 UPDT

...CLOUDS/WX...UPDT

SKC.

TIL 00Z VCY PAAQ ISOL CIG BLW 010 VIS 4SM BR.

OTLK VALID 240800-241400...VFR.

PASSES...LK CLARK...VFR. MERRILL...RAINY...WINDY...PORTAGE...VFR.

...TURB...

NIL SIG.

...ICE AND FZLVL...

NIL SIG. FZLVL 025.