NATIONAL TRANSPORTATION SAFETY BOARD	
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT	
This form to be used for reporting civil and public aircraft accidents and incidents	5

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Accider	t/Incident Loc						Acc	cident/Inc	iden	t Date/1	lime			
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×	ation Number:						C	Commer	cial S	Space Fli				
	icturer: <u>Ryan</u> L-17/Navion 4				-		Unmanned Aircraft Maximum Gross Weight: 3150 lbs							
6	umber: Nav 4				. <u></u>								<u> </u>	Ibs
F	Manufacture:							-					w Seats: 1	
1	r-Built: OYes		DKit/Plans Mak	:e:									Seats: 3	
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Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge						Type (Se	lect one)	
 Airpla 	ane	(Check all u	hat apply)			(Check all the		<i>ply)</i> actable			 Recip O Turb 	procating	O Liqui O Salid	d Rocket Rocket
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OUltral OUnkn				-	Orber Launch/Recovery System					Injected				
	UWIL	Certificate	of Authorization	or Waiver Unknown	(COA)	□ None	Unknown							
								Date		ated Pow		Total	Time Inspection	Since:
Engine	Engine Manufa	eturer	Engine Model/Series			acturer's Number		of Mfg. mm/dd/yyyy	1. 1	D Horsep	power or Thrust	Time (hours)	(hours)	(hours)
Eng. 1	Continental		E225		513715			1949	_	25		4637.1		350
Eng. 2							_		_				}	
Eng. 3							-+		+				}	h
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Last I	spection Type			гторен	ÈL Y	OContro	llable	e Pitch					Controllable	
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O AAIP O Annu	-	ditional Inspe nown	ction			Hartzell			-		-			
1	ast Inspection:		014			MV20-7	No		- T				Check all tha	t apply)
1		mm/dd/yj	יצי	ELT in If Yes:	stanea:	⊙Yes C	טאנק			□AD	S-B			77-57
	ne Total Time:		hrs		mufactur	rer:			_	Air	frame Para	ichute		
	rs measured at (2 .ast Inspection		ccident/Incident	Model o	r Part No	0.:					gle of Atta topilot	ck Indicate	11	
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O Conc	ial litional (Amateur-	built only)		Was EL	T still me	ounted in sircr. nnected to ante	aft? mrs*	\bigcirc Yes \bigcirc ? \bigcirc Yes \bigcirc	No No	Ele	ctronic Pri	mary Fligh	nt Display	
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O Othe	r Approved Inspe- inuous Airworthin	ction Program	(AAIP)	If active	ated;				Į		ads Up Dis board Wea			
	nuous Airworum			Did EL1	ſ Aid in l	Locating Aircr	aft: (OYes O	No	□Sat	ellite Trac	king Devic	e	
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O Spe	^{sify:} Halon Fire	Extinguish				Battery E:		d/Damaged	ı İ			400 21	Lo, Ganni	1 40048
1	seat		+	1		Unknown		-						

Registered Aircraft Owner		City: Fairbanks
Name: Forest and Tracy B. Kirst		State: Alaska ZIP: 99709
Fractional Ownership Aircraft: O Yes O	No	Country: USA
Operator of Aircraft Same As Re	gistered Owner	Z Same Address as Registered Owner
Name: Forest Kirst		City:
Doing Business As: Kirst Aviation		State: ZIP:
Air Carrier/Operator Designator (4 Character	er Code): <u>K70A</u>	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Uz	Jnder Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
 □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) 	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Conumercial	R 431 O Non-Scheduled or Air Taxi O International R 435
On-Demand Air Taxi (FAR 135)	O Non-US, Non-comunercial	
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	OPublic Aircraft <i>(Select one)</i> O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Aerial Observation O Flight Test O Air Drop O Glider Tow O Air Race/Show O Instructional O Banner Tow O Other Work Use O Business O Personal O Executive/Corporate O Positioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving
⊙Yes ONo	O Yes O No	
		en la francia de la composición de la c
Airport Name:		_ Distance From Airport Center:sm
Airport Identifier: Proximity to Airport: O Off Airport/Airstri	On Airport/Airstrin ON/A	Direction From Airport: degrees true
Proximity to Airport: O On AuporoAusur		Airport Elevation:
Runway Information Runway ID: (L/R/C) Length: Runway/Landing Surface (Check all that a Asphalt Grass/Turf Concrete Gravel Dirt Ice	<i>upply)</i> dam ☐ Water Mwood	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 Slubber Deposits Soft Slubber Covered
Approach/Departure Segment (Select one,)	
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ag edure/Clearance OLanding	Approach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
None		None
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLS Practice LDA GPS ASR Visual Contact Circling	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 Unknown

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"Flight Crewmember 1" Res	sponsibilities at				_		-			
 Pilot Co-Pilot "Flight Crewmember 1" was 	O Student Pilot s pilot flying	OFlight In		Check Pilot	O Flig	ht Engineer	O Other F	light Crew		
"Flight Crewmember 1" Ide							<u></u>			
First Name: Forest					City of Re	sidence: Fa	airbanks			
Middle Initial: M			· · · · · · · · · · · · · · · · · · ·		City of Residence: <u>Fairbanks</u> State: <u>AK</u> ZIP: <u>99707</u>					
				/	<u>99101</u>					
Last Name: Kirst					Country:					
Age at time of	Accident/Incider					m	m/dd/yyyyy			
		Ce	rtificate Num							·
Degree of Injury	Seat Occupi	ed O Front			straint Ty	pe]	nflatable F	lestraints
O None O Fatal O Minor O Unknown O Serious	vn	Available Used O None O None O Lap only O Lap only								
Pilot Certificate(s) (Check all	that apply)	<u></u>			O 3-poi		O3-point		Not Dep	loyed
None Image: Flight International Student Private Image: Recreated Student	ional	Commercial Airline Transpo Flight Engineer			● 4-poir ● 5-poir ● Unkn	ət	 4-point 5-point Unknow 	'n	Deploye	
Principal Occupation N	Aedical Certific	ote		M	edical Cer	tificate Va	lidity		Date of Las	t Medical
Pilot Other	O None O O O Class 1 O	Class 3 Driver's Licen Unknown	nse (Sport Pilot	only)	Without lin	nitations/waivers	vers OU	nknown	04/03/20 mm/dd/yy	14_
Must wear corrective lenses Medical Certificate Special	Issuance					,				
		1	n							
Date of Last Flight Review or Equivalent, Including		-	Review Airc	ratt						
FAR 121/135 Checks:	09/05/2013	Make:								
	ınım/dd/yyyyy	Model:	L-17/Navio							
Airplane Rating(s)	Other Aircraft	Q ,		ent Rating(s)		r Rating(s)			
(Check all that apply) I None	(Check all that ap	opry)	(Check all	l that apply)		(Check all I	inat appiyj	71	Instrument	Aimlane
Single-Engine Land	Airship			ne		🛛 Airplan	e Single-Engi	ine 🗖	Instrument	
Single-Engine Sea	Balloon		Helico				e Multi-Engir		Helicopter Glider	
Multiengine Land Multiengine Sea	Glider Gyroplane		D Power	ed Litt		Gyropla			Sport	
	Helicopter									
	Powered Lift					Student F	ndorsemer	its (Include a	tates	
Type Ratings						Student P	muor seiner	113 1/10/10000 0	nnesy	
Flight Time (Enter appropriate		This Make	Airplane Single	Airplane		Inst	rument			Lighter
number of hours in each box)	All Aircraft	& Model	Engine	Multiengin	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	4,759	657	4,724	3						
Pilot in Command (PIC)	4,600	657	4,600	30			ļ	 		
Time as Instructor	2,500	100	2,500	•) [
This Make/Model										
Last 90 Days	102	38	102	['])		 			
Last 30 Days	32		32							<u> </u>
Last 24 Hours	2	2	2	L			L	ļ	L	L

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"Flight Crewmember 2" Responsil OPilot OCo-Pilot OStu	dent Pilot O	ime of Acci Flight Instruc	i dent/Incide tor OCh	eck Pilot	O Fligh	t Engineer	OOther Flig	ht Crew						
"Flight Crewmember 2" was pilot		•												
"Flight Crewmember 2" Identifica														
First Name:				Cit	ty of Resi	idence:								
Middle Initial:				Sta	ate:		ZIP:							
Last Name:														
Age at time of Accide	nt/Incident:	E	Date of Birth	:		mm/d	d/yyyyy							
Age at time of Accide			ate Number:											
Degree of Injury Se	at Occupied				traint Ty	pe		In	flatable Res	traints				
O None O Fatal O			OUnknown		Available	-	sed							
		Rear Single			O None O Lap of	-	None Lap only		□Not Installed	ed				
Pilot Certificate(s) (Check all that ap					O 3-poir	nt C	3-point		Not Deploy	ved				
□ None □ Flight Instructo	— •	ercial	🛛 US Militz	агу	O 4-poir O 5-poir) 4-point) 5-point		Deployed	ļ				
Private Recreational	🗌 Airline	Transport	Foreign	l l	O Unkn		Unknown							
Student Sport	🗖 Flight	Engineer							4 . 67	af				
Principal Occupation Medica	al Certificate					rtificate Valio			ate of Last N	viedical				
O Pilot O Non	e O Class	3			Vithout lin	nitations/waive tions/waivers	rs OUnk ON/A			_				
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Medical Certificate Special Issua	nce													
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or Equivalent, Including FAR 121/135 Checks:		Make:				_	<u></u>		•					
	n/dd/yyyyy													
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	eck all that apply)		(Check all th	паг арргуу		None			nstrument Air					
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🗖 Single-Engine Sea 🛛 🗖			Helicop			Gyroplane			Glider					
Multiengine Land Multiengine Sea	Gyroplane		LIFOWCIA			C D D D D D D D D D D D D D D D D D D D	iA		☐ Smgle-Engine Sea ☐ Bailoon ☐ Glider ☐ Powered Lift ☐ Gyroplane ☐ Glider					
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	Helicopter					D Powered i	ant		Sport					
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	Helicopter													
	Helicopter		Airplane			Student En	dorsements							
Type Ratings	All Th	is Make	Airplane Single	Airplane		Student En				Lighter Than Air				
Flight Time (Enter appropriate number of hours in each box)	All Th	is Make Model		Airplane Multiengin		Student En	dorsements wweat	s (Include da	ues)					
Flight Time (Enter appropriate number of hours in each box) Total Time	All Th		Single			Student En	dorsements wweat	s (Include da	ues)					
Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	All Th		Single			Student En	dorsements wweat	s (Include da	ues)					
Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	All Th		Single			Student En	dorsements wweat	s (Include da	ues)					
Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	All Th		Single			Student En	dorsements wweat	s (Include da	ues)					
Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model Last 90 Days	All Th		Single			Student En	dorsements wweat	s (Include da	ues)					
Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	All Th		Single			Student En	dorsements wweat	s (Include da	ues)	Lighter Than Air				

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Crew Name and Addr	ess						Seat Occupie	d	lnjury
First Name:				nce:			O Left O Center	O Front O Rear	O None O Minor
Middle Initial:		State	e:	2	CIP:		O Center O Right	O Single	O Serious
Last Name:		Cou	ntry:			-		O Unknown	O Fatal O Unknown
Pilot Certificate(s) (Cl	heck all that apply)						Restraint Typ Available	De: Used	Inflatable Restraints
□ None	Flight Instructor						O None	O None	Not Installed
Private Student	Recreational Airline Transport Foreign Sport Flight Engineer						O Lap Only O 3-point	O Lap Only O 3-point	Installed
						O4-point O5-point	O 4-point O 5-point	 Not Deployed Deployed 	
Type Rating/Endorse Accident/Incident Air		D No		Accident/Inci		hrs	OUnknown	O Unknown	Unknown
99				<u></u>		a		-	In i
Crew Name and Addr				w			Seat Occupie OLeft	d O Front	Injury O None
First Name:				nce:	-		OCenter	ORear	O Minor
Middle Initial:				2			ORight	O Single O Unknown	O Serious O Fatal
Last Name:		Cou	uary:						O Unknown
Pilot Certificate(s) (Cl	heck all that apply)						Restraint Typ Available	pe: Used	Inflatable Restraints
	Flight Instructor	_	mmercial line Transp		Military		O None	O None	□ Not Installed
Private Student	Recreational Sport		ght Engine		CIEII		O Lap Only O 3-point	O Lap Only O 3-point	
				light Time at	the Time		O 4-point	O 4-point	Not Deployed Deployed
Type Rating/Endorse Accident/Incident Air		□ No		light Time a Accident/Inci		hrs	O 5-point O Unknown	O 5-point O Unknown	Unknown
Atcluent Incluent Inc									
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								Inflatable Restraints	Age
Name and Address				Seat	Injury	Restraint T Available			Age
Name and Address First Name: Daphne	City :			Seat ⊙Left	Injury ONone	Restraint 7 Available ONone	Lype Used ONone	Restraints	
Name and Address First Name: Daphne Middle Initial:	City : State:	ŽIP:		Seat ©Left OCenter	Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point	Lype Used ONone OLap Only O 3-point	Restraints	Under 5 years
Name and Address First Name: Daphne	City : State:	ŽIP:		Seat ⊙Left	Injury ONone OMinor O Serious O Fatal	Restraint 7 Available ONone OLap Only O3-point Ø4-point	Type Used ONone OLap Only O 3-point O 4-point	Restraints Not Installed Installed Not Deployed	Under 5 years d <i>If Under 5</i> , O Child Restrain
Name and Address First Name: Daphne Middle Initial:	City : State:	ŽIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint 7 Available ONone OLap Only O3-point Ø4-point	Used ONone OLap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed	Under 5 years
Name and Address First Name: Daphne Middle Initial: Last Name: McCann	City : State: Country: <u>Ca</u> @Passenger	ZIP: anada Q O		Seat OLeft OCenter ORight OUnknown Row: 2	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone	Type Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Deployed Unknown Not Installed	Under 5 years d <i>If Under 5</i> , O Child Restrain O Lap-Held O Unknown
Name and Address First Name: Daphne Middle Initial: Last Name: McCann OCrew	City : State: Country: <u>Ca</u> ⊙Passenger City :	žiP: anada O O	ther	Seat OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter	Injury ONone OMinor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used ONone O Lap Only O 3-point O 4-point O 5-point Unknown Used O None J Lap Only	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed	Under 5 years d <i>If Under 5</i> , O Child Restrain O Lap-Held O Unknown
Name and Address First Name: Daphne Middle Initial:	City : State: Country: Ca Passenger City : State:	ZIP: anada O O ZIP:		Seat OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter ORight	Injury ONone OMinor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Vype Used ONone OLap Only O 3-point O 4-point O 5-point Unknown Used ONone OLap Only O 3-point O 4-point	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Not Deployee Deployee	Under 5 years d <i>If Under 5</i> , O Child Restrain O Lap-Held O Unknown
Name and Address First Name: Daphne Middle Initial:	City : State: Country: Ca Passenger City : State:	ZIP: anada O O ZIP:		Seat OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter	Injury ONone OMinor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point O4-point O5-point Unknown Available ONone OLap Only O3-point O4-point	Vype Used ONone OLap Only O 3-point O 4-point O 5-point Unknown Used ONone OLap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown Not Deployed Installed Installed Deployed Unknown	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5,
Name and Address First Name: Daphne Middle Initial:	City : State: Ountry: Ca Passenger City : State: Country: Ca @Passenger	ZIP: anada O O ZIP: anada O O	ther ther	Seat OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter ORight OUnknown Row: 2	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O1ap Only O3-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point O4-point	Type Used ONone OLap Only O 3-point O 4-point O 5-point Unknown Used ONone O Lap Only O 3-point O 4-point O 5-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-point	Restraints Not Installed Installed Deployed Unknown Not Deployed Installed Installed Deployed Deployed Unknown	□ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown
Name and Address First Name: Daphne Middle Initial:	City : State: Country: Ca Passenger City : State: Country: Ca Passenger City :	ZIP: anada O O ZIP: anada O O	ther ther	Seat OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter ORight OUnknown Row: 2 OLeft	Injury ONone OMinor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used None O Lap Only 3-point 04-point 5-point Unknown Used O None Ø Lap Only Ø -point Used O None Ø -point	Restraints Not Installed Installed Deployed Unknown Not Deployed Deployed Unknown Not Deployed Deployed Deployed Unknown Not Installed Installed Installed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown I □ Under 5 years
Name and Address First Name: Daphne Middle Initial:	City : State: Country: Ca Passenger City : State: Country: Ca Passenger City : City : State:	ZIP: anada O O ZIP: anada O O ZIP:	ther ther	Seat OLeft OUnknown Row: 2_ OLeft OCenter ORight OUnknown Row: 2_ OLeft OLeft OCenter OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor ONone OMinor ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Used None O Lap Only 3-point 04-point 5-point Unknown Used O None Ø Lap Only Ø -point Used O None Ø -point	Restraints Not Installed Installed Not Deployed Unknown Not Deployed Deployed Unknown Not Deployed Installed Not Installed Installed Not Installed Not Installed Not Installed Not Installed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown I ☐ Under 5 years d If Under 5 years d If Under 5,
Name and Address First Name: Daphne Middle Initial:	City : State: Country: Ca Passenger City : State: Country: Ca Passenger City : City : State:	ZIP: anada Q O ZIP: anada Q O ZIP: anada	ther ther	Seat OLeft OUnknown Row: 2_ OLeft OCenter ORight OUnknown Row: 2_ OLeft OLeft OLeft OLeft OLeft	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor ONone OMinor ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Lype Used ONone Japoint O4-point O5-point Used ONone Japoint O4-point O5-point O4-point O5-point Used ONone Used ONone S-point O4-point O5-point O4-point O5-point O5-point O5-point O5-point O5-point O5-point O5-point	Restraints Not Installed Installed Deployed Unknown Not Deployed Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Unknown	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown I □ Under 5 years
Name and Address First Name: Daphne Middle Initial:	City : State: Country: Ca Passenger City : State: Country: Ca Passenger City : State: City : Passenger City : State: State: OPassenger	ZIP: anada ZIP: anada ZIP: anada O O	ther ther ther	Seat OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter ORight OUnknown Row: 1	Injury ONone OMinor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O1ap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point	Used None O Lap Only 3-point 04-point 5-point Used None 0 Lap Only 3-point 0 Vector 0 None 0 Lap Only 0 3-point 0 Vector 0 None 0 S-point 0 Unknown Used 0 None 9 Lap Only 0 3-point 0 Vector 0 None 9 O Lap Only 0 3-point 0 Vector 0 None 9 O Lap Only 0 3-point 0 4-point 0 5-point 0 Unknown Used	Restraints Not Installed Installed Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown Not Installed Installed Installed Installed Unknown Unknown Unknown	 □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown
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Name and Address First Name: Daphne Middle Initial:	City : State: Country: Ca @Passenger City : Country: Ca @Passenger City : Country: Ca @Passenger City : @Passenger City : State: City : State:	ZIP: anada Q O ZIP: anada Q O ZIP: anada Q O	ther ther ther ther	Seat ©Left OCenter ORight OUnknown Row: 2 OLeft OCenter ©Right OUnknown Row: 2 OLeft OCenter ©Right OUnknown Row: 1 OLeft OCenter ©Right	Injury None OMinor Serious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point	Used ONone OLap Only 3-point 4-point 5-point Used None OLap Only 3-point Used ONone OLap Only 3-point Used ONone Used ONone Used ONone OLap Only 3-point 04-point 05-point 04-point 05-point 04-point 05-point 04-point 05-point 04-point 05-point 05-point 04-point 05-point	Restraints Not Installed Installed Deployed Unknown Not Deployed Deployed Unknown Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown	 □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown d If Under 5, ○ Child Restrain ○ Unknown d If Under 5 years a Under 5 years a If Under 5, ○ Unknown
Name and Address First Name: Daphne Middle Initial:	City : State: @Passenger City : State: Country: Ca @Passenger City : State: Country: Ca @Passenger City : State: State:	ZIP: anada Q O ZIP: anada Q O ZIP: anada Q O	ther ther ther	Seat OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter ORight OUnknown Row: 2 OLeft OCenter ORight OUnknown Row: 1 OLeft OLeft OCenter	Injury None OMinor Serious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	Used ONone O Lap Only O 3-point O 4-point O 5-point Used O None O Lap Only O 3-point Used O None O Lap Only O 3-point Used O None Used O None Used O None S-point O Lap Only O 3-point Used O None Used O None Used O None Y O Lap Only O 3-point O S-point O S-point O S-point O S-point O S-point O S-point	Restraints Not Installed Not Deployed Unknown □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown d □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown d □ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown	

Last Departure Point		e of Departure	Destinatio)n		Type Fligh	t Plan File	ed
Airport ID: PABT		c or Departure	1	Deadhorse		O None) VFR/IFR
		: <u>1:00PM</u>	-	hoe Bay		O Company) IFR
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State: AK	C MIR	2001e. <u>7.071</u>	•			-	OYes C	No OUnknown
Country: USA			Country: U	ISA				
Type of ATC Clearance/Ser					🔲 VFR Flight Foll	owing	Cruise	
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Airspace where the acciden		(Check all that	apply)				Altitude	of In-Flight
-	Class G	🗖 Mil	itary Operations	Area (MOA)	Special		Осситте	*
Class B	Demo Area	🗋 Aiŋ	port Advisory A	rea	Air Traffic Cont	rol Area	5600	
	Warning Area Prohibited Area		Fraining Area				0000	(V 1151
	Restricted Area		R 93					
Source of Pilot Weather Inf					servation Facility	/		
(Check all that apply)				Facility ID: Facility	airbanks			
National Weather Service	Com			Observation Ti	me: 10:00			
✓ Flight Service Station □ TV/Radio	🗖 Mili		:	Time Zone: A				
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Commercial Weather Service	: (DUATS) 🛛 Unk	помл		i	Accident Site:			ue
On-Board Weather		Light Conditi		Direction nois	///////////////////////////////////////			
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OUnknown								
Sky/Lowest Cloud Condition		Ceiling			Temperature:		(C) or	(F)
O Clear	O Thin Broken	O None (Clear)	-	Obscured	Dew Point:	((С) ог	(F)
Q	O Thin Overcast O Unknown	O Broken O Overcast	+	Indefinite Unknown				
O Partial Obscuration O Scattered	O Olikilowii	0.000	•		Altimeter Set	ung:	in. Fig	ţ
Lowest Cloud Condition H	leight	Ceiling Heigh	t			··		
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Wind Direction	Wind Speed	J	Wind Gusts	3	Visibility	unlimited	miles	
			[7] Not Gusti	ng	DVE	<u></u>	 feet	
🛛 Variable	Light and Vari	able		-		/:		
-or-	-07-	Tota.	-or-	kts	Density Altitu			ft
Direction:degrees true			Speed:	KI3	Restriction to			
Intensity of Precipitation	Type of Precipi				Restriction to	• •	Fog	a appiy)
OLight	None	Drizzle	Freezir		Blowing D		Ground Fog	
O Moderate O Heavy	□ Rain □ Snow	Snow Pelle	ts 🖸 [ce Pe]	lets Shower	Blowing Sa	and 🛛	Haze	
ON/A	🗖 Hail	Snow Grain		ng Drizzle	Blowing S Blowing S	now 🛄	lee Fog Smoke	
OUnknown	Rain Showers	Ice Crystal:	5		Dust		Unknown	
Taia a Faranat	······································	Icing Actual			Turbulence			
Icing Forecast Amount Type		Amount	Туре		Type (Check	all that apply)		erity iaht
None O N/A		None	ON/A ORim		☑ None □ Clear Air			loderate
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O Severe O Unkno	wn	O Severe	O Unk	nown				
OUnknown								
NOTAMs (D and FDC),	AIRMETs, SIG	METs, PIREP	's in effect at	t the time of (he accident/inc	ident:		
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Aircraft Dam		Aircraft Fire		Aircraft Explosion	O Both Ground and In Elizabe
O None O Minor	 Substantial Destroyed 	 None In-Flight One Convert 	O Both Ground and In-Flight O Fire at Unknown Time	 None In-Flight On-Ground 	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
	O Unknown	O On-Ground	O Unknown		
-	-		(Use additional sheet if necessary)		
Damage to fu	iselage, wings, propel	ier, tueitanks, engine	e, FIREWALL, ENGINE MOUNT		
		ainst ander including	g circumstances leading to and nat	ure of accident/incident	ant Describe terrain and include
wreckage dis	at occurred in chronold tribution sketch if pertin Provide as much detail as	ent. Attach extra shee	ts if needed. State departure time and	d and location, service	es obtained, and intended
Part 135 fligh	t with three passenge	rs Standard pre-fli	ight before take-off, including pro	per weight and bala	nce calculationabout 70
gallons for fli	ght. Flight from Fairbaun Pass. While operation	anks to Bettles was	uneventful. Stopped and took a t / 5600', encountered abrupt and i	preak at Bettles and unexpected aircraft i	instability. Took steps to
correct but a	ctions were ineffective	 Made decision to 	protect passengers and myself in ircraft and was rescued.	light of conditions.	Aircraft hit the ground nose up
Have strong receiving res		appened but am awa	aiting the results of ongoing inves	tigation. Will recon	sider providing further info after
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Operator/Owner Safety Recomme	endation							-
Check torque on propeller clan	ip bolts bef	ore further flights o	on this model	propelle	er, one time fix.			
							· · · <u> </u>	
Was there Mechanical Malfunc	tion/Failure	? 🛛 Yes 🗆 No	anika da faita				Total Time On Part	e/Cycles
(If yes, list the name of the part, many						مامية المعام		Hours
Hartzell Propellor HVD2MV separation in flight	propelle	er clamp bolt failure	e causing bla	de to be	come unindexe	ed and blade	_350	
separation in light								Cycles
								e This Part Overhauled
							-	
							06/14/20	4 Hours
						N		
	e 1						<u> </u>	<u> </u>
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145		🗘 Jet B	O Other, specif	îy	
55	Gallons	• 100 Low Lead • 100/130	O Jet A O Jet A-1		O JP8 O Automotive			
Other Services, if Any, Prior to		0 100/130					A.1.4.5	
Valler Services, it Auy, Thorne	Departer							
	-Cales almon	of conformed?	☑ Yes	🗆 No				
Was an emergency evacuation Method of Exit – Describe how	the occurrent	ts evited and how m	—		ed each location			
Pilot exited through canopy.	ine occupati	removed by rescu	e nersonnel	with inst	ructions from a	oilat.		
Pilot exited through canopy.	assengers	removed by react						
Aircraft Registration Number	1	urer:				1	Damage to Oth	er Aircraft
Aircran Registration Number							Destroyed Substantial	□ Minor □ None
Registered Owner of Other Ai	1				f Other Aircraf			
Name:								
City:ZIP:				City:		ZIP:	·····	
State:ZIP: Country:				Countr	y:			
Country				Countr	y:			

engen in terrere				
Use this space if additi	ional space i	s needed for any answers.		
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		E care Nilla		
Date of this Report		Pilot/Operator: Forest Kiles		···
11/07/2014	Signature			
mm/dd/yyyy	or	Check here to electronically sign this	document	
If a Person Other tha	n Pilot/Op	erator is Filing Report		
Name-			Title:	
Signature				
- or C	heck here to	electronically sign this document		
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ANC14LA068		ANCHORAGE, Att	T. GUNTHE2	11/8/14