

# 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> <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip	<b>ACCIDENT/INCIDENT LOCATION:</b> Nearest City/Place: <u>NOME,</u> State: <u>ALASKA</u> Zip: <u>99762</u> Latitude: _____ Longitude: _____	<b>DATE/TIME:</b> Date: <u>7/16/02</u> Day of week: <u>TUESDAY</u> Local Time: <u>1300</u> Time Zone: <u>ADT</u>
---	--	--

### PHASE OF OPERATION:

<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff (including initial climb)	<input type="checkbox"/> Cruise	<input type="checkbox"/> Approach	<input checked="" type="checkbox"/> Hover/Maneuvering
<input type="checkbox"/> Taxi	<input type="checkbox"/> Climb	<input type="checkbox"/> Descent	<input type="checkbox"/> Landing	<input type="checkbox"/> Altitude of In-Flight occurrence _____ Feet MSL

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

<b>PROXIMITY TO AIRPORT:</b>			
<input type="checkbox"/> On Approach	<input type="checkbox"/> Downwind	<input type="checkbox"/> Final	<input type="checkbox"/> Go Around
<input type="checkbox"/> Crosswind	<input type="checkbox"/> Base leg	<input type="checkbox"/> Landing	

Airport Name: \_\_\_\_\_  
 Identifier: \_\_\_\_\_  
 Distance From Airport Center: \_\_\_\_\_ SM  
 Direction From Airport: \_\_\_\_\_ Magnetic

### RUNWAY/LANDING SURFACE CONDITION:

<input type="checkbox"/> Dry	<input type="checkbox"/> Snow-Crusted	<input type="checkbox"/> Rubber Deposits
<input type="checkbox"/> Wet	<input type="checkbox"/> Snow-Compacted	<input type="checkbox"/> Soft
<input type="checkbox"/> Ice Patches	<input type="checkbox"/> Vegetation	<input type="checkbox"/> Rough
<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Water-Calm	<input type="checkbox"/> Slush
<input type="checkbox"/> Snow-Dry	<input type="checkbox"/> Water-Choppy	<input type="checkbox"/> Holes
<input type="checkbox"/> Snow-Wet	<input type="checkbox"/> Water-Glassy	<input type="checkbox"/> Muddy

### RUNWAY INFORMATION:

Runway ID: \_\_\_\_\_  
 Length: \_\_\_\_\_  
 Width: \_\_\_\_\_  
 Apt. Elev: \_\_\_\_\_ Ft. MSL

### RUNWAY/LANDING SURFACE:

<input type="checkbox"/> Macadam	<input type="checkbox"/> Grass/Turf
<input type="checkbox"/> Asphalt	<input type="checkbox"/> Snow
<input type="checkbox"/> Concrete	<input type="checkbox"/> Ice
<input type="checkbox"/> Gravel	<input type="checkbox"/> Water
<input type="checkbox"/> Dirt	

### APPROACH INFORMATION

#### IFR APPROACH

<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> ILS-Complete	<input type="checkbox"/> MLS	<input type="checkbox"/> Visual
<input type="checkbox"/> SDF	<input type="checkbox"/> ILS-Localizer	<input type="checkbox"/> LDA	<input type="checkbox"/> Contact
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> ILS-Back course	<input type="checkbox"/> ASR	<input type="checkbox"/> Circling
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> RNAV	<input type="checkbox"/> PAR	<input type="checkbox"/> Practice
<input type="checkbox"/> TACAN	<input type="checkbox"/> GPS	<input type="checkbox"/> Sidestep	

#### VFR APPROACH

<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Full Stop
<input type="checkbox"/> Straight-In	<input type="checkbox"/> Stop and Go
<input checked="" type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> Go Around	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> Touch and Go	<input type="checkbox"/> Precautionary Landing

### AIRCRAFT INFORMATION

Manufacturer: <u>ROBINSON</u> Model: <u>R22</u> Max Gross Wt: <u>1370</u> Lbs	Homebuilt: <input type="checkbox"/> Yes <input type="checkbox"/> No Serial No.: _____ Empty Wt: _____ Lbs	<b>CATEGORY OF AIRCRAFT:</b> <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Ultralight <input type="checkbox"/> Gyroplane <input type="checkbox"/> Other
---	---	---

### TYPE OF AIRWORTHINESS CERTIFICATE

<b>STANDARD</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <input type="checkbox"/> Experimental	<b>SPECIAL</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight
--	--

### LANDING GEAR

<input type="checkbox"/> Tricycle - Fixed	<input type="checkbox"/> Hull	<input type="checkbox"/> High Skid
<input type="checkbox"/> Tricycle - Retractable	<input type="checkbox"/> Float	<input type="checkbox"/> Tandem
<input type="checkbox"/> Tailwheel - All Fixed	<input type="checkbox"/> Emerg. Float	<input type="checkbox"/> Other _____
<input type="checkbox"/> Tailwheel - All Retractable	<input type="checkbox"/> Ski	
<input type="checkbox"/> Tailwheel - Retractable Mains	<input type="checkbox"/> Ski/Wheel	
<input type="checkbox"/> Amphibian	<input checked="" type="checkbox"/> Skid	

### STALL WARNING SYSTEM INSTALLED

☐ Yes ☒ No

### IFR EQUIPPED

☐ Yes ☒ No

### ENGINE TYPE

<input checked="" type="checkbox"/> Reciprocating - Carburetor	<input type="checkbox"/> Turbo Prop	<input type="checkbox"/> Turbo Fan
<input type="checkbox"/> Reciprocating - Fuel Injected	<input type="checkbox"/> Turbo Jet	<input type="checkbox"/> Turbo Shaft
<input type="checkbox"/> Reciprocating - Turbocharged		

### TYPE OF PROPELLER

☐ Controllable Pitch  
☐ Fixed Pitch

### NUMBER OF SEATS

Flight Crew 1 Passenger 1  
 Cabin Crew \_\_\_\_\_

<b>Engine Manufacturer</b> <u>LYCOMING</u>		<b>Engine Model/Series</b> <u>O-360-J2A</u>		<b>Engine Rated Power</b> <u>145</u> Horsepower or ____ Lbs of Thrust		<b>Type of Fire Extinguishing System Used</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____	
<b>Engine(s)</b>	<b>Date of Mfg.</b>	<b>Mfg. Serial No.</b>	<b>Total Time</b>	<b>Time Since Inspection</b>	<b>Time Since Overhaul</b>		
Engine No. 1	<u>24 JUNE 99</u>	<u>L-36890-36A</u>	<u>595.6</u> Hours	<u>42.9</u> Hours	<u>Ø</u> Hours		
Engine No. 2			Hours	Hours	Hours		
Engine No. 3			Hours	Hours	Hours		
Engine No. 4			Hours	Hours	Hours		
<b>Type of Maintenance Program</b>			<b>Last Inspection</b>				
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Homebuilt) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Specify _____			<b>Type</b> <input type="checkbox"/> Annual <input checked="" type="checkbox"/> <u>100 Hour</u> <u>50 Hour</u> <input type="checkbox"/> AAIP <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Condition Inspection				
			Date Performed (M/D/Y) <u>5/25/02</u> Airframe Total Time at Last Inspection <u>552.7</u> Hours Airframe Time Since Last Inspection <u>42.9</u> Hours				
<b>Emergency Locator Transmitter (ELT)</b>	<b>ELT Manufacturer</b> <u>POINTER, INC.</u>	<b>Model/Serial</b> <u>3000-10</u>	<b>Serial Number</b> <u>341896</u>	<b>Battery Date (M/D/Y)</b> <u>JUNE 2003</u>			
	<b>Switch</b> <input checked="" type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Armed	<b>Operated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Aided In Accident Location</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/NA		<b>Battery Type</b> (Alkaline, Lithium, etc.) <u>Alkaline</u>		
<b>Registered Aircraft Owner</b> <u>ROWE, JAMES D</u>				<b>City</b> <u>Nome</u> <b>State</b> <u>ALASKA</u>			
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner <b>Name</b> <u>BERING AIR INC.</u> <b>Doing Business As:</b> _____				<b>City/State</b> <input checked="" type="checkbox"/> Same As Registered Owner			
<b>Air Carrier/Operator Designator (4 Character Designator)</b> <u>FXTA</u>							
<b>Type of Operation</b> <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 125 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 133			<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> <input checked="" type="checkbox"/> Scheduled/Commuter <input checked="" type="checkbox"/> Non Scheduled/Air Taxi		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Purpose of Flight (FAR 91, 103, 133, 137)</b> <input type="checkbox"/> Personal <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Business <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Other _____			<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Cargo <input type="checkbox"/> International <input type="checkbox"/> Passenger		<b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Passenger (How many? _____) <input type="checkbox"/> Cargo (_____ lbs.) <input type="checkbox"/> Other (Specify) _____		<b>Public Use</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Type of Certificate(s) Held</b>							
<b>Air Carrier Operating Certificate</b> <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental (121) <input type="checkbox"/> Large Helicopter (127) <input checked="" type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Other Operator of Large Aircraft (125) <input checked="" type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137)							

PILOT "A" INFORMATION											
Pilot Name <b>BRIAN NECKWEERTH</b>			City <b>Nome</b> State <b>ALASKA</b>				Nationality <b>USA</b>				
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Airline Transport			<input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Military <input type="checkbox"/> Foreign		<input type="checkbox"/> None <input type="checkbox"/> Other _____				
Rating(s) <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			<input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Free Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Gyroplane		Instrument Rating(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter		Instructor Rating(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Glider <input type="checkbox"/> Specify _____				
Type Ratings/Student Endorsements (With Dates) <b>CASA 212</b>			Date of Last Flight Review Or Equivalent Including FAR 121/135 Checks (M/D/Y) <b>5/28/02</b>			Flight Review Aircraft Make <b>PIPER</b> Model <b>PA-31</b>					
Medical Certificate <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3		Date of Last Medical (M/D/Y) <b>01/03/02</b>		Limitations <b>WEAR CORRECTIVE LENSES</b> Waivers <b>NONE</b>			Age <b>34</b> Principal Occupation <b>PILOT</b>				
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		Seat Occupied <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Center <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Person Manipulating Controls At Time Of Accident <input checked="" type="checkbox"/> First Pilot <input type="checkbox"/> Second Pilot <input type="checkbox"/> Both Pilots <input type="checkbox"/> Non-Pilot <input type="checkbox"/> No One				Seat Belt Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Source of Pilot Flight Time Information <input type="checkbox"/> Pilot Logbook <input checked="" type="checkbox"/> Pilot/Operators Estimate <input type="checkbox"/> FAA Records <input type="checkbox"/> Company <input type="checkbox"/> Specify _____					
Flight Time		ALL A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		8700	125	4500	4100	300	250	40	150	0	0
Pilot In Command (PIC)		8650	105	4450	4090	290	250	40	110	0	0
Instructor		80	0	80	0	5	0	0	0	0	0
This Make/Model						15	0	10			
Last 90 Days		180	20	50	110	0	5	0	30	0	0
Last 30 Days		90	10	20	60	0	2	0	15	0	0
Last 24 Hours		10	0	5	5	0	0	0	0	0	0
FLIGHT ITINERARY INFORMATION											
Last Departure Point Airport ID <b>PAOM</b> City <b>Nome</b> State <b>ALASKA</b>			Time of Departure Time <b>0900</b> Time Zone <b>ADT</b>		Destination Airport ID <b>PAOM</b> City <b>Nome</b> State <b>ALASKA</b>			Flight Plan Filed <input type="checkbox"/> None <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR/IFR <input checked="" type="checkbox"/> Company <input type="checkbox"/> Military			
Type of ATC Clearance/Service <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR <input type="checkbox"/> Special VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> VFR On Top <input type="checkbox"/> Cruise <input type="checkbox"/> Traffic Advisory											
Airspace where the accident occurred <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Demo Area <input type="checkbox"/> Warning Area <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area <input type="checkbox"/> Military Operating Area (MOA) <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Student Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93 <input type="checkbox"/> Special											
Load Description <input checked="" type="checkbox"/> None <input type="checkbox"/> Passengers <input type="checkbox"/> Cargo <input type="checkbox"/> Towing Glider <input type="checkbox"/> Other External <input type="checkbox"/> Parachutists <input type="checkbox"/> Water <input type="checkbox"/> Chemical <input type="checkbox"/> Livestock <input type="checkbox"/> Other _____											

# PILOT "B" INFORMATION

## Pilot "B" Responsibilities at the Time of Accident

☐ Co-Pilot
 ☐ Dual Student
 ☐ Safety Pilot
 ☐ Check Pilot
 ☐ None (Pilot-Rated Passenger)

Pilot Name \_\_\_\_\_

City \_\_\_\_\_  
 State \_\_\_\_\_

Nationality \_\_\_\_\_

## Certificate(s)

☐ Student
 ☐ Commercial
 ☐ Flight Instructor
 ☐ Military
 ☐ None  
☐ Private
 ☐ Airline Transport
 ☐ Flight Engineer
 ☐ Foreign
 ☐ Other \_\_\_\_\_

## Rating(s)

☐ None
 ☐ Helicopter  
☐ Single-Engine Land
 ☐ Glider  
☐ Single-Engine Sea
 ☐ Free Balloon  
☐ Multiengine Land
 ☐ Airship  
☐ Multiengine Sea
 ☐ Gyroplane

## Instrument Rating(s)

☐ None  
☐ Airplane  
☐ Helicopter

## Instructor Rating(s)

☐ None
 ☐ Instrument Airplane  
☐ Airplane Single-Engine
 ☐ Instrument Helicopter  
☐ Airplane Multiengine
 ☐ Ground Instructor  
☐ Helicopter
 ☐ Glider  
☐ Specify \_\_\_\_\_

## Type Ratings/Student Endorsements (With Dates)

## Date of Last Flight Review Or Equivalent (M/D/Y)

## Flight Review Aircraft

Model \_\_\_\_\_ Make \_\_\_\_\_

## Medical Certificate

☐ None
 ☐ Class 2  
☐ Class 1
 ☐ Class 3

## Date of Last Medical (M/D/Y)

## Limitations

## Age

## Waivers

## Principal Occupation

## Degree of Injury

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal

## Seat Occupied

☐ Left
 ☐ Front  
☐ Right
 ☐ Rear  
☐ Center

## Person Manipulating Controls At Time Of Accident

☐ First Pilot
 ☐ Non-Pilot
 ☐ No One  
☐ Second Pilot
 ☐ Both Pilots

Who was pilot in command? \_\_\_\_\_

## Seat Belt Available

☐ Yes  
☐ No

## Seat Belt Used

☐ Yes  
☐ No

## Shoulder Harness Available

☐ Yes  
☐ No

## Shoulder Harness Used

☐ Yes  
☐ No

## Source of Pilot Flight Time Information

☐ Pilot Logbook
 ☐ Company  
☐ Pilot/Operator Estimate
 ☐ Specify \_\_\_\_\_  
☐ FAA Records

## Flight Time

All A/C

This Make & Model

Airplane  
Single Engine

Airplane  
Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter  
Than Air

Total Time

Pilot In Command (PIC)

Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

## OTHER PERSONNEL / PASSENGERS(S) (If more space is needed, continue on separate sheet)

Name	Seat	Address (City & State ONLY)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury
1.											
2.											
3.											
4.											
5.											
6.											

<b>Source of Weather information</b> (Pilot/Operator, Weather Observation Facility) <u>Pilot</u>		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Bright Night		<b>Visibility</b> <u>30</u> Miles	<b>Temp</b> <u>15</u> (C) or ____ (F)												
<b>Dew Point</b> <u>12</u> (C) or ____ (F)	<b>Altimeter Setting</b> ____ MB or <u>30.00</u> HG	<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Overcast ____ Feet AGL <input type="checkbox"/> Few ____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered ____ Feet AGL <input type="checkbox"/> Obscuration-Vertical Visibility ____ Ft. AGL <input type="checkbox"/> Broken ____ Feet AGL															
<b>Wind Information</b> Direction <u>100</u> True or ____ Mag Velocity <u>8</u> KTS Gusts ____ KTS		<b>Density Altitude</b> <u>1100</u> Feet	<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Specify <u>NONE</u>														
<b>Restriction to Visibility</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Haze <input type="checkbox"/> Ground Fog <input type="checkbox"/> Dust <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Mist <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Ice Fog <input type="checkbox"/> Other ____		<b>Type of Precipitation</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Drizzle <input type="checkbox"/> Snow <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Rain Showers <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Other ____		<b>Icing</b> <table border="0" style="width:100%;"> <tr> <th style="text-align: left;">FORECAST</th> <th style="text-align: left;">ACTUAL</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Trace</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Severe</td> </tr> </table>		FORECAST	ACTUAL	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Trace	<input type="checkbox"/> Trace	<input type="checkbox"/> Light	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe
FORECAST	ACTUAL																
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None																
<input type="checkbox"/> Trace	<input type="checkbox"/> Trace																
<input type="checkbox"/> Light	<input type="checkbox"/> Light																
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate																
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe																
<b>Source of Weather Briefing</b> <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service <input type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> PATWAS/ATIS <input type="checkbox"/> Military <input type="checkbox"/> Voice Response System <input type="checkbox"/> DUAT <input type="checkbox"/> Other ____		<b>Method of Briefing</b> <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio		<b>Weather Observation Facility</b> <input type="checkbox"/> Facility ID: <u>PAOM</u> <input type="checkbox"/> Obs Time: <u>1653</u> <input type="checkbox"/> Time Zone: <u>ADT</u> <input checked="" type="checkbox"/> Distance from Accident Site: <u>16 NM</u> <input checked="" type="checkbox"/> Direction from Accident Site: <u>045°</u>													
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Outlook <input type="checkbox"/> Limited By Pilot <input type="checkbox"/> Limited By Briefer <input type="checkbox"/> Full		<b>Turbulence (Multiple entry)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme <input type="checkbox"/> In Clouds <input type="checkbox"/> Light Chop <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Vicinity of Thunderstorm <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate Chop															
<b>Notams, Airmets, Sigmet</b>																	
<b>PIREP SERVICES INFORMATION</b>																	
<b>Fuel on Board at Last Takeoff</b> <u>19.2</u> Gallons or ____ Pounds		<b>Fuel Type</b> <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Specify ____ <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5															
<b>Other Services, If Any, Prior to Departure</b>																	
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>																	
<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"/> On-Ground <input type="checkbox"/> In-Flight		<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight													
<b>Description of Damage to Aircraft and Other Property</b> <u>TAIL BOOM CUT IN HALF, SKIDS SPREAD, MAIN ROTOR BLADES BENT CONSIDERABLY, SOME FUSELAGE DAMAGE</u>																	
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>																	
<input checked="" type="checkbox"/> No    If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure. <input type="checkbox"/> Yes		<b>Total Time/Cycles On Part</b> ____ Hours		<b>Time Since This Part Inspected/Overhauled</b> ____ Hours													

Pilot (C) Name				City/State (ONLY)		Crew Position	
<b>Certificate(s)</b> <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____							
Ratings/Endorsements				Total Flight Time at the Time of This Accident/Incident			
Pilot (D) Name		City/State (ONLY)		Crew Position			
<b>Certificate(s)</b> <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____							
Ratings/Endorsements				Total Flight Time at the Time of This Accident/Incident			
Pilot (E) Name		City/State (ONLY)		Crew Position			
<b>Certificate(s)</b> <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____							
Ratings/Endorsements				Total Flight Time at the Time of This Accident/Incident			
COLLISION ACCIDENT (If Air or Ground Collision Occurred, Complete the Information for Other Aircraft)							
Registration		Aircraft Manufacturer		Aircraft Make/Model		Degree of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
Registered Aircraft Owner				City/State (ONLY)			
Pilot (F) Name				City/State (ONLY)			
EVACUATION OF AIRCRAFT							
<b>Assistance Received</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____ <input type="checkbox"/> Outside Person(s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder							
<b>Method of Exit</b> Describe which exits were used and how many passengers evacuated from each. <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">             JUST MYSELF EXITED OUT THE PILOTS DOOR.           </div>							
<b>Operator/Owner Safety Recommendation (Optional)</b> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">             MORE EXPERIENCE / TRAINING IN THESE TYPE OPERATIONS           </div>							

# NARRATIVE HISTORY OF FLIGHT (Please Type or Print in Ink)

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

At About 12:15 ADT I HAD REFUELED THE HELICOPTER AT THE CHARTERING PARTIES CAMP LOCATED AT 20 MILE ON THE ROOGAROK RD NE OF NOME. I DROPPED OFF THE OBSERVER ON TOP OF A HILL OVERLOOKING THE AREA WHERE I WOULD BE WORKING. I THEN STARTED HEADING HIS RECONDEER TOWARDS HIM AND UP A SMALL 1000' MTD. THE TERRAIN HAD ABOUT 15°-20° SLOPE FROM RIGHT TO LEFT. (DOWNHILL TO THE LEFT) THIS MEANT THAT I WAS TRAVELING WESTWARD, UPHILL WITH A SLIGHT TAILWIND. At ABOUT 1300 ADT, THE TIME OF THE ACCIDENT, I DECIDED I NEEDED TO GET A DIFFERENT ANGLE ON THE HERD. I FLEW EAST AWAY FROM THE HERD FOR A BRIEF TIME WHILE REMAINING WITHIN 20-30 FEET OF THE SURFACE. I MADE LEFT PEDAL TURN, TO KEEP THE TAIL ROTOR AWAY FROM THE RISING TERRAIN, UPON CHANGING DIRECTION THE HELICOPTER STARTED TO SETTLE AS I POOLED PITCH TO START BACK TO THE HERD. I FELT THAT I WAS TOO CLOSE TO THE SURFACE TO MAKE THE NECESSARY CORRECTIONS

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

ACTION, I FELT I WAS GOING IN REGARDLESS WHAT I TRIED TO RECOVER FROM SETTLING. I THEN APPLIED FULL UP COLLECTIVE AND FULL AFT CYCLIC. THE HELICOPTER HIT SLIGHTLY NOSE DOWN. THE LITTLE BIT OF FORWARD MOMENTUM I HAD MADE THE HELICOPTER ROLL UP ON ITS NOSE CAUSING THE DAMAGE REPORTED EARLIER. THE AIRCRAFT CAME TO REST ON ITS LEFT SIDE, WITHIN 15 FEET OF THE INITIAL CONTACT POINT WITH THE GROUND. I EXITED WITHOUT DIFFICULTY AND NO FIRE EVER STARTED.

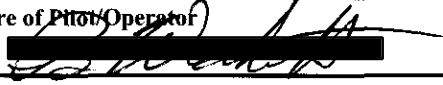


Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

Date of this Report

8/3/02

Signature of Pilot/Operator



Signature of Person Filing Report If Other than Pilot/Operator

1. Signature \_\_\_\_\_

2. Type or Print Name \_\_\_\_\_

3. Title \_\_\_\_\_

NTSB Accident/Incident No.

ANCO2LA078

Reviewed by NTSB Office Located At

ANCHORAGE, AK

Name of Investigator

L. LEWIS

Date Report Received

8/10/02

**PILOT CERTIFICATE INFORMATION****Aircraft Registration Number:***N7183Z***Pilot A****Name:***BRIAN WECKWERTH***Pilot Certificate Number:****Pilot B****Name:****Pilot Certificate Number:****Pilot C****Name:****Pilot Certificate Number:****Pilot D****Name:****Pilot Certificate Number:****Pilot E****Name:****Pilot Certificate Number:****COLLISION ACCIDENT (If Air or Ground Collision Occurred, Complete the Information for Other Aircraft Pilot)****Aircraft Registration Number:****Pilot F****Name:****Pilot Certificate Number:**