

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

**BASIC INFORMATION**

|   |   |
|---|---|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Northway</u> State: <u>AK</u><br>ZIP: <u>99764</u> Country: <u>USA</u><br>Latitude: <u>N62 18.6949</u> Longitude: <u>W142 32.1189</u><br><i>(Enter in decimal degrees or degrees minutes seconds)</i> | <b>Accident/Incident Date/Time</b><br>Date: <u>09/05/2018</u> Local Time: <u>1625</u><br><i>mm/dd/yyyy</i> Time Zone: <u>AKDT</u> |
| Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None   |   |

**AIRCRAFT INFORMATION**

|   |   |
|---|---|
| Registration Number: <u>N413CC</u><br>Manufacturer: <u>Cub Crafters</u><br>Model: <u>CC18-180</u><br>Serial Number: <u>CC18-0065</u><br>Year of Manufacture: <u>2013</u><br>Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____ | <input type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br>Maximum Gross Weight: <u>2300</u> lbs<br>Weight at Time of Accident/Incident: <u>1986</u> lbs<br>Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u><br>Cabin Crew Seats: _____ Passenger Seats: <u>1</u><br>Number of Engines: <u>1</u> |
|---|---|

|  |   |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
|--|---|-----------------|----------------|--|--|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---|--|--|
| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table border="0"> <tr> <td><b>Standard</b></td> <td><b>Special</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input checked="" type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Standard</b> | <b>Special</b> | <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Restricted | <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |  | <input type="checkbox"/> Experimental Light-Sport | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Retractable<br><input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type (Reciprocating)</b><br><input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
| <b>Standard</b>  | <b>Special</b>  |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input checked="" type="checkbox"/> Normal   | <input checked="" type="checkbox"/> Restricted  |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Aerobatic   | <input type="checkbox"/> Limited  |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Balloon   | <input type="checkbox"/> Provisional  |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Commuter  | <input type="checkbox"/> Special Flight   |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Transport   | <input type="checkbox"/> Experimental   |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Utility   | <input type="checkbox"/> Special Light-Sport  |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
|  | <input type="checkbox"/> Experimental Light-Sport   |                 |                |  |  |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|--------------------------------|--|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Lycoming            | O-360 C4P           | L-42222-36E                  | 04/22/2013                     | 180  | 746                |                               | 746                         |
| Eng. 2 |                     |                     |                              |                                |  |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                |  |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                |  |                    |                               |                             |

|  |  |   |
|--|--|---|
| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input checked="" type="radio"/> Annual <input type="radio"/> Unknown<br>Date Last Inspection: <u>08/20/2018</u><br><i>mm/dd/yyyy</i><br>Airframe Total Time: <u>740.6</u> hrs<br>hours measured at <i>(Select one)</i><br><input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident | <b>Propeller 1</b><br><input checked="" type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: <u>McCaughey</u><br>Model: <u>1A200/FA8241</u>  | <b>Propeller 2</b><br><input type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____   |
| <b>Type of Maintenance Program (Select one)</b><br><input checked="" type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Other, specify: _____   | <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If Yes:<br>ELT Manufacturer: <u>Kannad</u><br>Model or Part No.: <u>s1851501-02</u><br>TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz)<br><input checked="" type="radio"/> C126 (406 MHz)<br>Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If activated:<br>Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If not activated:<br>Indicate Reason: <input type="checkbox"/> Impact Damage<br><input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged<br><input type="checkbox"/> Unknown | <b>Additional Equipment (Check all that apply)</b><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input checked="" type="checkbox"/> Satellite Tracking Device<br><input checked="" type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____ |
| <b>Description of Fire Extinguishing System</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Specify: <u>Hand Held</u>  |  |   |

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**  
 Name: DOI-Office of Aviation Services City: Boise  
 State: ID ZIP: 83706  
 Fractional Ownership Aircraft:  Yes  No Country: USA

**Operator of Aircraft**  Same As Registered Owner  Same Address as Registered Owner  
 Name: National Park Service City: Anchorage  
 Doing Business As: \_\_\_\_\_ State: AK ZIP: 99502  
 Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_ Country: USA

|   |   |  |
|---|---|--|
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input checked="" type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><br><input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only |
|   | <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No  | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No   |

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

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

|   |  |
|---|--|
| <b>Runway Information</b><br>Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft  | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown |  |

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

|  |   |
|--|---|
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact<br><input type="checkbox"/> RNAV <input type="checkbox"/> Circling<br><input type="checkbox"/> Unknown | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Unknown |
|--|---|



**"FLIGHT CREWMEMBER 2" INFORMATION**

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

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

**"Flight Crewmember 2" Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious   | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b><br><b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |   |  |  |

|  |  |  |  |
|--|--|--|--|
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance | <b>Date of Last Medical</b><br>_____<br>mm/dd/yyyy |
|--|--|--|--|

**Medical Certificate Limitations**

\_\_\_\_\_

**Medical Certificate Special Issuance**

\_\_\_\_\_

|  |  |
|--|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____<br>mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|--|--|

|   |  |  |   |
|---|--|--|---|
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|---|--|--|---|

**Type Ratings**

\_\_\_\_\_

**Student Endorsements (Include dates)**

\_\_\_\_\_

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|   |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time  |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor  |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours   |              |                   |                        |                      |       |            |           |            |        |                  |

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

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>              | <b>Injury</b>                          |
| First Name: _____   | City of Residence: _____                   | <input type="radio"/> Left        | <input type="radio"/> None             |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Center      | <input type="radio"/> Minor            |
| Last Name: _____  | Country: _____                             | <input type="radio"/> Right       | <input type="radio"/> Serious          |
|   |  | <input type="radio"/> Front       | <input type="radio"/> Fatal            |
|   |  | <input type="radio"/> Rear        | <input type="radio"/> Unknown          |
|   |  | <input type="radio"/> Single      |  |
|   |  | <input type="radio"/> Unknown     |  |
| <b>Pilot Certificate(s) (Check all that apply)</b>  |  | <b>Restraint Type:</b>            | <b>Inflatable Restraints</b>           |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <b>Available</b>                  | <input type="checkbox"/> Not Installed |
| <input type="checkbox"/> Private  | <input type="checkbox"/> Recreational      | <input type="checkbox"/> None     | <input type="checkbox"/> Installed     |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Sport             | <input type="checkbox"/> Lap Only | <input type="checkbox"/> Not Deployed  |
|   | <input type="checkbox"/> Commercial        | <input type="checkbox"/> 3-point  | <input type="checkbox"/> Deployed      |
|   | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> 4-point  | <input type="checkbox"/> Unknown       |
|   | <input type="checkbox"/> Flight Engineer   | <input type="checkbox"/> 5-point  |  |
|   | <input type="checkbox"/> US Military       | <input type="checkbox"/> Unknown  |  |
|   | <input type="checkbox"/> Foreign           | <b>Used</b>                       |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="radio"/> None        |  |
|   |  | <input type="radio"/> Lap Only    |  |
|   |  | <input type="radio"/> 3-point     |  |
|   |  | <input type="radio"/> 4-point     |  |
|   |  | <input type="radio"/> 5-point     |  |
|   |  | <input type="radio"/> Unknown     |  |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs   |  | <input type="radio"/> None        |  |
|   |  | <input type="radio"/> Lap Only    |  |
|   |  | <input type="radio"/> 3-point     |  |
|   |  | <input type="radio"/> 4-point     |  |
|   |  | <input type="radio"/> 5-point     |  |
|   |  | <input type="radio"/> Unknown     |  |

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>              | <b>Injury</b>                          |
| First Name: _____   | City of Residence: _____                   | <input type="radio"/> Left        | <input type="radio"/> None             |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Center      | <input type="radio"/> Minor            |
| Last Name: _____  | Country: _____                             | <input type="radio"/> Right       | <input type="radio"/> Serious          |
|   |  | <input type="radio"/> Front       | <input type="radio"/> Fatal            |
|   |  | <input type="radio"/> Rear        | <input type="radio"/> Unknown          |
|   |  | <input type="radio"/> Single      |  |
|   |  | <input type="radio"/> Unknown     |  |
| <b>Pilot Certificate(s) (Check all that apply)</b>  |  | <b>Restraint Type:</b>            | <b>Inflatable Restraints</b>           |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <b>Available</b>                  | <input type="checkbox"/> Not Installed |
| <input type="checkbox"/> Private  | <input type="checkbox"/> Recreational      | <input type="checkbox"/> None     | <input type="checkbox"/> Installed     |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Sport             | <input type="checkbox"/> Lap Only | <input type="checkbox"/> Not Deployed  |
|   | <input type="checkbox"/> Commercial        | <input type="checkbox"/> 3-point  | <input type="checkbox"/> Deployed      |
|   | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> 4-point  | <input type="checkbox"/> Unknown       |
|   | <input type="checkbox"/> Flight Engineer   | <input type="checkbox"/> 5-point  |  |
|   | <input type="checkbox"/> US Military       | <input type="checkbox"/> Unknown  |  |
|   | <input type="checkbox"/> Foreign           | <b>Used</b>                       |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="radio"/> None        |  |
|   |  | <input type="radio"/> Lap Only    |  |
|   |  | <input type="radio"/> 3-point     |  |
|   |  | <input type="radio"/> 4-point     |  |
|   |  | <input type="radio"/> 5-point     |  |
|   |  | <input type="radio"/> Unknown     |  |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs   |  | <input type="radio"/> None        |  |
|   |  | <input type="radio"/> Lap Only    |  |
|   |  | <input type="radio"/> 3-point     |  |
|   |  | <input type="radio"/> 4-point     |  |
|   |  | <input type="radio"/> 5-point     |  |
|   |  | <input type="radio"/> Unknown     |  |

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

| Name and Address   | Seat                                    | Injury                                | Restraint Type                           | Inflatable Restraints                             | Age   |
|--|---|---------------------------------------|--|---|---|
| First Name: <u>John (Brad)</u> City: <u>Copper Center</u>                              | <input type="radio"/> Left              | <input checked="" type="radio"/> None | <b>Available</b>                         | <input checked="" type="checkbox"/> Not Installed | <input type="checkbox"/> Under 5 years  |
| Middle Initial: _____ State: <u>AK</u> ZIP: <u>99573</u>                               | <input checked="" type="radio"/> Center | <input type="radio"/> Minor           | <input type="checkbox"/> None            | <input type="checkbox"/> Installed                | <i>If Under 5,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Last Name: <u>Honerlaw</u> Country: <u>USA</u>   | <input type="radio"/> Right             | <input type="radio"/> Serious         | <input type="checkbox"/> Lap Only        | <input type="checkbox"/> Not Deployed             |   |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown           | <input type="radio"/> Fatal           | <input checked="" type="radio"/> 3-point | <input type="checkbox"/> Deployed                 |   |
| Row: _____   | <input type="radio"/> Unknown           | <input type="radio"/> Unknown         | <input checked="" type="radio"/> 4-point | <input type="checkbox"/> Unknown                  |   |
| First Name: _____ City: _____  | <input type="radio"/> Left              | <input type="radio"/> None            | <b>Available</b>                         | <input type="checkbox"/> Not Installed            | <input type="checkbox"/> Under 5 years  |
| Middle Initial: _____ State: _____ ZIP: _____  | <input type="radio"/> Center            | <input type="radio"/> Minor           | <input type="checkbox"/> None            | <input type="checkbox"/> Installed                | <i>If Under 5,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Last Name: _____ Country: _____  | <input type="radio"/> Right             | <input type="radio"/> Serious         | <input type="checkbox"/> Lap Only        | <input type="checkbox"/> Not Deployed             |   |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown           | <input type="radio"/> Fatal           | <input type="checkbox"/> 3-point         | <input type="checkbox"/> Deployed                 |   |
| Row: _____   | <input type="radio"/> Unknown           | <input type="radio"/> Unknown         | <input type="checkbox"/> 4-point         | <input type="checkbox"/> Unknown                  |   |
| First Name: _____ City: _____  | <input type="radio"/> Left              | <input type="radio"/> None            | <b>Available</b>                         | <input type="checkbox"/> Not Installed            | <input type="checkbox"/> Under 5 years  |
| Middle Initial: _____ State: _____ ZIP: _____  | <input type="radio"/> Center            | <input type="radio"/> Minor           | <input type="checkbox"/> None            | <input type="checkbox"/> Installed                | <i>If Under 5,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Last Name: _____ Country: _____  | <input type="radio"/> Right             | <input type="radio"/> Serious         | <input type="checkbox"/> Lap Only        | <input type="checkbox"/> Not Deployed             |   |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown           | <input type="radio"/> Fatal           | <input type="checkbox"/> 3-point         | <input type="checkbox"/> Deployed                 |   |
| Row: _____   | <input type="radio"/> Unknown           | <input type="radio"/> Unknown         | <input type="checkbox"/> 4-point         | <input type="checkbox"/> Unknown                  |   |
| First Name: _____ City: _____  | <input type="radio"/> Left              | <input type="radio"/> None            | <b>Available</b>                         | <input type="checkbox"/> Not Installed            | <input type="checkbox"/> Under 5 years  |
| Middle Initial: _____ State: _____ ZIP: _____  | <input type="radio"/> Center            | <input type="radio"/> Minor           | <input type="checkbox"/> None            | <input type="checkbox"/> Installed                | <i>If Under 5,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Last Name: _____ Country: _____  | <input type="radio"/> Right             | <input type="radio"/> Serious         | <input type="checkbox"/> Lap Only        | <input type="checkbox"/> Not Deployed             |   |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown           | <input type="radio"/> Fatal           | <input type="checkbox"/> 3-point         | <input type="checkbox"/> Deployed                 |   |
| Row: _____   | <input type="radio"/> Unknown           | <input type="radio"/> Unknown         | <input type="checkbox"/> 4-point         | <input type="checkbox"/> Unknown                  |   |

**FLIGHT ITINERARY INFORMATION**

|  |   |  |  |
|--|---|--|--|
| <b>Last Departure Point</b><br>Airport ID: <u>CZN</u><br>City: <u>Chisana</u><br>State: <u>AK</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>1555</u><br>Time Zone: <u>AKDT</u> | <b>Destination</b><br>Airport ID: <u>PAGK</u><br>City: <u>Gulkana</u><br>State: <u>AK</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown |
|--|---|--|--|

**Type of ATC Clearance/Service (Check all that apply)**

|  |                                      |                                      |   |                                       |
|--|--------------------------------------|--------------------------------------|---|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input type="checkbox"/> VFR             | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

**Airspace where the accident/incident occurred (Check all that apply)**

|                                  |   |   |   |  |
|----------------------------------|---|---|---|--|
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  | <b>Altitude of In-Flight Occurrence:</b><br><u>6500</u> ft msl |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Demo Area          | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |  |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Warning Area       | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |  |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area    | <input type="checkbox"/> TRSA                           |   |  |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                         |   |  |

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

|  |   |
|--|---|
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Weather Observation Facility</b><br>Facility ID: <u>None close</u><br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
|--|---|

|   |  |
|---|--|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown | <b>Light Condition</b><br><input type="radio"/> Dawn<br><input checked="" type="radio"/> Day<br><input type="radio"/> Dusk<br><input type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Bright Night<br><input type="radio"/> Unknown |
|---|--|

|   |  |  |
|---|--|--|
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear<br><input type="radio"/> Few<br><input type="radio"/> Partial Obscuration<br><input checked="" type="radio"/> Scattered<br><input type="radio"/> Thin Broken<br><input type="radio"/> Thin Overcast<br><input type="radio"/> Unknown<br><b>Lowest Cloud Condition Height</b><br><u>8500</u> ft agl | <b>Ceiling</b><br><input type="radio"/> None (Clear)<br><input checked="" type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown<br><b>Ceiling Height</b><br><u>10000</u> ft agl | <b>Temperature:</b> _____ (C) or <u>55</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in Hg<br>or _____ MB |
|---|--|--|

|  |  |   |  |
|--|--|---|--|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>030</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>18+</u> kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>20+</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|--|--|---|--|

|  |   |   |
|--|---|---|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |
|--|---|---|

|   |   |  |
|---|---|--|
| <b>Icing Forecast</b><br>Amount<br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br>Type<br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown | <b>Icing Actual</b><br>Amount<br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br>Type<br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown | <b>Turbulence</b><br>Type (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective Turbulence<br>Severity<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme |
|---|---|--|

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

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- None       Substantial  
 Minor       Destroyed  
               Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Right wing-Mid-Span, Leading edge, 2 feet of leading edge cave into the front face of wing spar. This is where a Large Bird impacted the wing leading edge.

**NARRATIVE HISTORY OF FLIGHT** *(Please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

**Pilot's narrative:**

On September 05, 2018 at approximately 1625 AKDT. NPS pilot Lynn Ellis. Flying Top Cub N413CC was West bound though Cooper pass at about an altitude of 6,500 feet MSL and around 85 mph indicated airspeed. The aircraft was just over the north end of Blue Lake when it encountered a bird strike. Judging from the aircraft 's wing damage it was likely an Eagle. The strike was on the right wing of the aircraft, in the middle of the leading edge at about the jury strut attach point. Aircraft wing was very badly damaged and resulted in pilot Ellis and Chief Ranger Brad Honerlaw making an emergency landing on the Nabesna River.

Lynn Ellis, NPS Pilot and Chief Ranger Honerlaw planned to visit two big game guide camps in the North District of Wrangell-St. Elias National Park and Preserve. Weather Briefing with a ForeFlight app completed. FAA weather Cams Checked. Notams checked. Flight plan was filed with ARCC the morning of flight.

The PASP. " WRST Aviation Safety Plan for unimproved airports or landing areas". Signed and on file with ARCC. NPS WRST Aircraft Preflight Operation Risk Management Checklist completed and filed for this 9/5/2018 flight and is filed with WRST Gulkana Ops Center. Pilot and Chief Ranger both wearing full PPE as per OAS/NPS policy. Orange card briefing complete before flight. After flight mission was completed as planned.

A fuel stop was made in Chisana. Departed Chisana on return flight to Gulkana via Cooper Pass. Was in Cooper pass when incident above occurred. I was in straight and level flight and had just made a position report on 122.9 of " Cooper pass, Blue Lake side, Nabesna River bound. " About 2 minutes later, out of the upper right hand corner of my eye I saw a small, dark in color object, in movement. From my field of view it looked above the aircraft as I was looking out the top upper right side of the windshield. At an unbelievable rate of speed this object fell into flight path of the aircraft. I had no time to react. It was the movement of the object that alerted me to the object as it impacted the aircraft. The aircraft became very unstable at this point and I did not have time to look at the wing again for a moment in time as I was busy flying and concentrating in order to maintain flight control. This is when Brad said, " I think we hit an eagle. "

I contacted ARCC via satellite radio phone and informed them of our situation. I knew from the way the aircraft was handling that we had an emergency and declared it as such. At that time I had not had time to fully evaluate the damage to the wing. I spoke with ARCC about what was going, and my first priority just to fly the aircraft. The aircraft was not responding to control inputs properly, as the right wing kept falling off badly, especially when I tried to slow the aircraft down. An attempt to deploy flaps resulted in tail buffet that exasperated the already poor handling of the aircraft and further attempts to slow the aircraft below 65 mph was not attempted until after touchdown. Concerned over the potential for an impending catastrophic wing damage, the decision to make an immediate landing was made. Winds at our location on the Nabesna River were steady at 20-25 mph and numerous gravel bars of suitable size were noted below the aircraft. A landing location was chosen and while maintaining a stabilized indicated airspeed above 65mph, I landed into the headwind present. The landing was successful with no additional damage caused to the aircraft.

After landing on the Nabesna River ARCC, NPS RAM and WRST dispatch was contacted and updated on the situation. A subsequent inspection of the aircraft 's right wing revealed heavy damaged by the bird strike and at that time the aircraft was not airworthy. Two pilots from the nearby road based Devil ' s Mt. Lodge heard of my problems via 122.9 and flew in to assist us. We tied down and secured N413CC. We were then flown back to Devil ' s Mt. Lodge by one of the FAA 135 air taxi pilots, approximately 10 minutes away, after which NPS Ranger Luke Wassink transported us from Devil ' s Mt. Lodge to the Gulkana Airport via government vehicle.

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

Operator/Owner Safety Recommendation

Somehow better vigilance for the much smaller really hard to see objects such as birds while in flight.  
 I have always been well aware of how hard birds are to see in flight.  
 I was sure I was on top of my game and thought I could always avoid hitting them in level flight.  
 With the backdrop of the canyon walls in Cooper Pass, this bird blended in with the surrounding mountain sides really well.  
 Perhaps understanding better where large birds might be sailing in mountain pass's aound Alaska this time of year would give a pilot a better edge.

**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<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) | <b>Total Time/Cycles On Part</b><br>_____ Hours<br>_____ Cycles |
|   | <b>Time Since This Part Inspected/Overhauled</b><br>_____ Hours |

**FUEL & SERVICES INFORMATION**

|   |   |
|---|---|
| <b>Fuel on Board at Last Takeoff</b><br>(Convert from pounds, as necessary)<br>26 _____ Gallons | <b>Fuel Type</b><br><input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____<br><input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8<br><input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive |
|---|---|

**Other Services, if Any, Prior to Departure**  
 None

**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  
 Aircraft made normal landing. Did not crash.

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


|  |                                     |  |
|--|-------------------------------------|--|
| Aircraft Registration Number: _____  | Manufacturer: _____<br>Model: _____ | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None |
| <b>Registered Owner of Other Aircraft</b><br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |                                     | <b>Pilot of Other Aircraft</b><br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____  |



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

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

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

|  |   |
|--|---|
| <b>Date of this Report</b><br><u>09/10/2018</u><br><small>mm/dd/yyyy</small> | <b>Name of Pilot/Operator:</b> <u>Darry Lynn Ellis</u><br><b>Signature:</b> <u></u> <small>Digitally signed by DARRY ELLIS</small><br>-- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document |
|--|---|

**If a Person Other than Pilot/Operator is Filing Report**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

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

**FOR NTSB USE ONLY**

|                                   |   |                             |                             |
|-----------------------------------|---|-----------------------------|-----------------------------|
| <b>NTSB Accident/Incident No.</b> | <b>Reviewed by NTSB Regional Office</b> | <b>Name of Investigator</b> | <b>Date Report Received</b> |
|-----------------------------------|---|-----------------------------|-----------------------------|

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

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

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

|   |  |
|---|--|
| Date of this Report<br><br>_____<br><i>mm/dd/yyyy</i> | Name of Pilot/Operator: <u>Darry Lynn Ellis</u><br>Signature: _____<br>-- or -- <input type="checkbox"/> Check here to electronically sign this document |
|---|--|

**If a Person Other than Pilot/Operator is Filing Report**

|   |   |
|---|---|
| Name: <u>John Mills</u>   | Title: <u>DOI Air Safety Investigator</u> |
| Signature: _____<br><i>09/11/18</i>   |   |
| -- or -- <input type="checkbox"/> Check here to electronically sign this document |   |

**FOR NTSB USE ONLY**

|  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| NTSB Accident/Incident No.<br>GAA18CA541 | Reviewed by NTSB Regional Office<br>GAA | Name of Investigator<br>Eric Swenson | Date Report Received<br>09/11/2018 |
|--|---|--------------------------------------|------------------------------------|