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

Accident/Incident Location Nearest City/Place; Kwigillingok State: AK ZIP: 99622 Country: USA Latitude: N59.52.54 Longitude: W163.10.08 (Enter in decimal degrees or degrees:minutes: seconds) Collision with Other Aircraft: O Midair Oon-ground ONor ARCRAFT INFORMATION Collision with Other Aircraft: O Midair Oon-ground One-ground One	BASIC INFORMATION													
Nearest City/Place: Kwigillingok State: AK Date: 12/09/2019 Local Time: 1615 ZIP: 99622 Country: USA Time Zone: AST Latitude: N59.52.54 Longitude: W163.10.08 Time Zone: AST (Enter in decimal degrees or degrees: mm/dd/39392 Time Zone: AST Amarca Number: Nondel: On-ground ONo Serial Number: 10700721 Maximum Gross Weight: 3800 Ibs Year of Manufacture: 1981 Make: Cabin Crew Seats: Cabin Crew Seats: Flight Crew Seats: Flight Crew Seats: Social Crew Seats: Cabin Crew Seats: Orunobal Creating O.Liquid Rocket Orupo of Aircraft Type of Airworthiness Certificate Check all that apply Standard Special Ski Offide Balloon Brownal Bestricted Check all that apply Ski O.Liquid Rocket Offide Commercial Space Flight Balloon Drubo Shid Rocket O.Liquid Rocket Olinario flight Dreso flight Drubo Shid Rocket O.Liquid Rocket O.Liquid								Accident/Incident Date/Time						
ZIP: 99622 Country: USA Time Zone: AST Latitude: N59.52.54 Longitude: W163.10.08 Collision with Other Aircraft: O Midair Oon-ground O No AIRCRAFT INFORMATION Collision with Other Aircraft: O Midair Oon-ground O No Manufacturer: Collision with Other Aircraft: O Midair Oon-ground O No Serial Number: 20700721 Maximum Gross Weight: 3300 Ibs Vear of Manufacture: 1981 Mate: Original Design Number of Seats: 7 Flight Crew Seats: 1 Cabin Crew Seats: 0 Passenger Seats: 6 Number of Aircraft Type of Aircraft Type of Airworthiness Certificate Check all that apply) Balloon Solid Rocket Ofilder Original Design Restricted Check all that apply) Brained Maximum Cores Solid Rocket Olitheight Standard Special Hight Balloon Provisional Biski d Oruboler Cortificate of Authorization or Waiver (COA) Oher Launch/Recovery System Outer Caunder (Boregover of Migg, Boregover) Outer Launch/Recovery System Ouknown Carburetor Ouknow						ĸ								
Latitude: N59.52.54 Longitude: W163.10.08 (Enter in decimal degrees or degrees: Collision with Other Aircraft: O Midair Oon-ground O Note AIRCRAFT INFORMATION					Dat			L0	cal Time.	1015				
Collision with Other Aircraft: O Midair On-ground O Nor-ground O N										Ti	me Zone: /	AST		
Registration Number: <u>N9728M</u> Manufacturer: <u>Cessna</u> IFR-Equipped and Certified Model: 207A Unmanned Aircraft Serial Number: 20700721 Maximum Gross Weight: 3800 lbs Year of Manufacture: 1981 Maximum Gross Weight: 3800 lbs Amateur-Built: OYes // Yes: OKit/Plans Make: Passenger Seats: 1 GNo Original Design Number of Engines: 1 Category of Aircraft Type of Airworthiness Certificate (Check all that apply) Landing Gear (Check all that apply) Flight Crew Seats: 1 Passenger Seats: 6 Standard Special (Check all that apply) Standard (Check all that apply) Standard (Check all that apply) Solid Rocket O Turbo Pot O Solid Rocket Glider O Glider O Winden O Unknown Oconsult of Special Flight (Duratight Flight Crew Seats: 0 (Check all that apply) Solid Rocket O Turbo Pot O Turbo Pot O Turbo Pot O Liquid Rocket O Turbo Pot O Turbo Pot O Turbo Pot O Turbo Pot O Turbo Pot O Liquid Rocket O Turbo Pot O Turbo Fan O Unknown O Liquid Rocket O Turbo Pot O Fuel-Injected Mode							Co	llision with	Other Air	craft: C) Midair	O On-groun	d O None	
Registration Number: <u>N9728M</u> Manufacturer: <u>Cessna</u> IFR-Equipped and Certified Model: 207A Unmanned Aircraft Serial Number: 20700721 Maximum Gross Weight: 3800 lbs Year of Manufacture: 1981 Maximum Gross Weight: 3800 lbs Amateur-Built: OYes // Yes: OKit/Plans Make: Passenger Seats: 1 GNo Original Design Number of Engines: 1 Category of Aircraft Type of Airworthiness Certificate (Check all that apply) Landing Gear (Check all that apply) Flight Crew Seats: 1 Passenger Seats: 6 Standard Special (Check all that apply) Standard (Check all that apply) Standard (Check all that apply) Solid Rocket O Turbo Pot O Solid Rocket Glider O Glider O Winden O Unknown Oconsult of Special Flight (Duratight Flight Crew Seats: 0 (Check all that apply) Solid Rocket O Turbo Pot O Turbo Pot O Turbo Pot O Liquid Rocket O Turbo Pot O Turbo Pot O Turbo Pot O Turbo Pot O Turbo Pot O Liquid Rocket O Turbo Pot O Turbo Fan O Unknown O Liquid Rocket O Turbo Pot O Fuel-Injected Mode							<u> </u>							
Manufacturer: Cessna Cessna Commercial Space Flight Model: 207A Manufacturer: 1981 Maximum Gross Weight: 3800 Ibs Serial Number: 20700721 Maximum Gross Weight: 3800 Ibs Year of Manufacture: 1981 Maximum Gross Weight: 3800 Ibs Amateur-Built: O'res If Yes: OKit/Plans Make: Cabin Crew Seats: 0 Passenger Seats: 6 Ooriginal Design Number of Engines: 1 Cabin Crew Seats: 0 Passenger Seats: 6 Category of Aircraft Type of Airworthiness Certificate (Check all that apply) Standard Special OBinmp/Dirigible Normal Restricted Tricycle Tailwheel O Turbo Shaft O Solid Rocket Of Balloon Provisional Provisional Experimental Light-Sport O Turbo Shaft O Solid Rocket Of Mirolinght Commuter Special Light-Sport Skid O Turbo Fan O Unknown Ocarburetor Special Light-Sport Experimental Light-Sport O Carburetor O Carburetor O Fuel-Injected Of Mirg. Other Launch/Recovery System None Unknown O Carburetor O Fuel-Injected Outer Launch/Recov							r .	IED Fauin	mod and C	utified				
Model: 207A	-				Commercial Space Flight									
Serial Number: 20700721 Weight at Time of Accident/Incident: 2811								_		t• 3800		lbs		
Year of Manufacture: 1981 Number of Seats: 7 Flight Crew Seats: 1 Amateur-Built: Oyes If Yes: Kit/Plans Make: Category of Aircraft If Yes: Number of Seats: 7 Cabin Crew Seats: 1 Category of Aircraft Type of Airworthiness Certificate Original Design Number of Engines: 1 1 2 2 2 2 2 2 3 2 3)721								-				lbs
Amateur-Built: OYes If Yes: OKit/Plans Make: Cabin Crew Seats: O Passenger Seats: G Category of Aircraft Type of Airworthiness Certificate (Check all that apply) Number of Engines: 1 Passenger Seats: G Oairplane Standard Special Landing Gear (Check all that apply) O cliquid Rocket OGlider Normal Restricted Cabin Crew Seats: Passenger Seats: OGlider Normal Restricted Check all that apply) O cliquid Rocket OGlider Balloon Provisional Emergency Float Trubo Shaft O Stoid Rocket OHelicopter Commuter Special Flight Experimental Experimental Experimental Light-Sport Other Launch/Recovery System O Carburetor O Fuel-Injected Ultralight One Unknown Other Launch/Recovery System O fut of Sector O carburetor O fuel-Injected Engine Engine Manufacturer's Serial Number O Horsepower of Dits of Thrust Time Inspection Overhau Obs of Thrust IO-520-F 814792-R 285 5311.7 357.7 436.3	Year of Manufacture:	1981	anufacture: ¹⁹⁸¹											
Original Design Number of Engines: 1 Category of Aircraft Type of Airworthiness Certificate (Check all that apply) Landing Gear (Check all that apply) Engine Type (Select one) O Airplane Standard Special Landing Gear Oruginal Design Diamondary Special O Bilimp/Dirigible Standard Special Landing Gear Check all that apply) O Reciprocating O Liquid Rocket O Bilimp/Dirigible Imited Restricted Imited Aerobatic Limited O None O None O Balloon Provisional Restricted Imited Amphibian High Skid O Turbo Shaft O None O Powered Lift Commuter Special Flight Experimental Experimental Light-Sport Experimental Light-Sport Dither Launch/Recovery System O Carburetor O Carburetor O carburetor Time Time Special Time Special Inspection Overhau Outhorshown Engine Manufacturer's Serial Number Date O Mfg. Rated Power Total Time Inspection Overhau Outhoursh Engine Manufacturer's Serial Number 285 <td></td> <td></td> <td></td> <td>OKit/Plans Mal</td> <td>ke:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				OKit/Plans Mal	ke:									
Category of Aircraft Ø Airplane Type of Airworthiness Certificate (Check all that apply) Landing Gear (Check all that apply) Engine Type (Select one) Ø Airplane Standard Special Retractable O Reciprocating Liquid Rocket Ø Bilimp/Dirigible Invos mal Restricted Retractable Turbo Shaft O Solid Rocket Ø Gilder Aerobatic Limited Tricycle Tailwheel O Turbo Shaft O Solid Rocket Ø Gyroplane Balloon Provisional Amphibian High Skid O Turbo Fan O Unknown Ø Rocket Commuter Special Flight Float Skid O Electric O Turbo Fan O Unknown Ø Rocket Utility Special Light-Sport O Other Launch/Recovery System O Carburetor O Fuel-Injected Ø Ultralight One Unknown Invone Unknown O Carburetor O Fuel-Injected Engine Engine Manufacturer's Date of Mfg. midd yyyy Mated Power Total Time Since: Inspection Ino-spector Serial Number Manufacturer's Date of Mfg. midd yyyy Horsepower or Total T												russenger	5 0 465	
O Ultralight O Unknown Experimental Light-Sport O Carburetor Fuel System Type (Reciprocating) O Ultralight O Unknown Certificate of Authorization or Waiver (COA) None Other Launch/Recovery System OCarburetor OFuel-Injected Image: None Image: None <td> Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift </td> <td>(Check all th Standard Normal Aerobat Balloon Commu</td> <td>irigible Che irigible C ne C er C L Lift C</td> <td colspan="3">k all that apply) (Chec ndard Special Normal Restricted Aerobatic Limited Balloon Provisional Commuter Special Flight Gransport Experimental</td> <td>(Check all the ☐ ☐ Tricycle ☐ Amphibia ☐ Emergene ☐ Float</td> <td colspan="5">Gear Engine Type (Select one) that apply)</td> <td>Rocket id Rocket own</td>	 Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift 	(Check all th Standard Normal Aerobat Balloon Commu	irigible Che irigible C ne C er C L Lift C	k all that apply) (Chec ndard Special Normal Restricted Aerobatic Limited Balloon Provisional Commuter Special Flight Gransport Experimental			(Check all the ☐ ☐ Tricycle ☐ Amphibia ☐ Emergene ☐ Float	Gear Engine Type (Select one) that apply)					Rocket id Rocket own	
O Unknown Certificate of Authorization or Waiver (COA) Other Launch/Recovery System OCarburetor OFuel-Injected None Inno Inno Inno Inno Inno Inno Inno Engine Engine Manufacturer Engine Manufacturer Manufacturer's Serial Number Date of Mfg. nm//dd/yyyy Other Launch/Recovery System Total Inspection Overhau (hours) Eng.1 Contenintal IO-520-F 814792-R 285 5311.7 357.7 436.3				Experimental Light-Sport										
EngineEngineEngineManufacturer's Model/SeriesDate of Mfg. Serial NumberRated Power of Mfg. mm/dd/yyyyTotalTime InspectionTime InspectionTime (hours)Time (hours)Inspection (hours)Overhau (hours)Eng. 1ContenintalIO-520-F814792-R2855311.7357.7436.3	OUnknown			ate of Authorization or Waiver (COA)							OCarb	uretor	O Fuel-	Injected
EngineEngine Model/SeriesManufacturer's Serial Numberof Mfg. mm/dd/yyyyO Horsepower of O lbs of ThrustTime InspectionInspection (hours)Overhau (hours)Eng. 1ContenintalIO-520-F814792-R2855311.7357.7436.3		□None			Unknown None							a 1		. .
					Number		of Mfg.	HorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorseHorse<td>power or</td><td>Time (hours)</td><td>Inspection (hours)</td><td>Overhaul (hours)</td>	power or	Time (hours)	Inspection (hours)	Overhaul (hours)		
Eng. 2	-		ontenintal	IO-520-F		814792	-R	_		285		5311.7	357.7	436.3
Eng. 3								-						
Eng. 4	-													
Last Inspection Type Propeller 1 OFixed Pitch Propeller 2 OFixed Pitch	-	I	ection Type		Propelle	er 1				Prop	eller 2	-		
			• •	orthiness	 Controll 				•					
• AAIP O Conditional Inspection Manufacturer: McCauley Manufacturer:	● AAIP OCon	ditional Inspect	O Conditiona		Manufac	turer: N	-	j		Manu	ufacturer:	-		
O Annual O Unknown Model: D3A34C404-B Model:				0.1.0	Model:	D3A340	С404-В			Mode	el:			
Date Last Inspection: 11/04/2019 mm/dd/yyyy ELT Installed: OYes ONo Additional Equipment (Check all that apply)	Date Last Inspection:				ELT Ins	stalled:	⊙Yes O	No				ipment (Check all that	apply)
Airframe Total Time: 29228.2 hrs 1/765.				hrs		A inframe Dereshute								
Model or Part No. ME 406	(/	(acident/Incident		Angle of Attack Indicator								
TSO No.: OC91 (121.5 MHz) OC91a (121.5 MHz)	^		\square Autophot											
Type of Maintenance Program (Select one) OC126 (406 MHz) Electronic Flight Bag or Handheld Device O Annual Was ELT at the same file of	• •		-	· /				ectronic Flight Bag or Handheld Device						
O Conditional (Amateur-built only)	O Conditional (Amateur-built only)					as ELT still mounted in aircraft? OYes ONo Electronic Multifunction D								
Did ELT Activate? OYes ONo	O Manufacturer's Inspection Program								□Har					
O Continuous Airworthiness If activated:	O Continuous Airworthin		ous Airworthiness	(ium)				_						
O Other, specify: Did ELT Aid in Locating Aircraft: OYes ONo Satellite Tracking Device							ocating Aircra	ift: (UYes ⊙ No	□Sate	ellite Tracl	king Device	e	
Description of Fire Extinguishing System If not activated: Image: Constraint of the system O None Indicate Reason: Impact Damage Video Recording Device		tinguishing S	on of Fire Extingu	System	5		Impact Da	mag	<u>a</u>					
O Specify: □ Fire Damage □ Other, Specify:	-		:				Fire Dama	ge						
□ Battery Expired/Damaged □ Unknown								pire	d/Damaged					

OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner		City: Anchorage							
Name: Grant Aviation Inc.		State: AK ZIP: 99502							
Fractional Ownership Aircraft: O Yes G	No	Country: USA							
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner							
Name:		City:							
Doing Business As:		ZIP:							
Air Carrier/Operator Designator (4 Charact	er Code):	Country:							
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	nder 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) Don Demand Air Tarrier (FAR 135) 	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight ONon-US, Commercial ONOn-US, Non-commercial	431 435 O Non-Scheduled or Air Taxi O International							
 On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft 	OPublic Aircraft <i>(Select one)</i> O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Glider Tow O Air Drop O Glider Tow O Instructional O Banner Tow O Other Work Use O Business O Executive/Corporate O Positioning							
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry							
O Yes ⊙ No	O Yes ⊙ No								
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)							
Atom (N Kuisilingela		Distance From Airport Center: <u>0</u> sm							
Airport Identifier: PAGG		Direction From Airport: 0degrees true							
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 21 ft. msl							
Runway Information		Condition of Runway/Landing Surface (Check all that apply)							
Runway ID: 15 (L/R/C) Length: 18 Runway/Landing Surface (Check all that defined on the second on the	adam 🔽 Water	Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered Vegetation Unknown							
Approach/Departure Segment (Select one)								
 OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb 	OOn Instrument App bedure/Clearance OLanding	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown							
IFR Approach (Check all that apply) ☑ None		VFR Approach (Check all that apply) □None							
ADF/NDBPARSDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	MLSPracticeLDAGPSASRVisualContactCirclingUnknown	☑ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing □ Unknown □							

"FLIGHT CREWMEMBER 1" INFORMATION											
 "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ● Pilot ● Co-Pilot ● Student Pilot ● Flight Instructor ● Check Pilot ● Flight Engineer ● Other Flight Crew 											
"Flight Crewmember 1" was	pilot flying	□Yes □N	lo								
"Flight Crewmember 1" Iden	ntification										
First Name: Brian City of Residence: Charlotte											
Middle Initial: O ZIP: 28226											
Last Name: Kulp Country: USA											
Age at time of A	Accident/Incide	nt: <u>39</u>	Date of B	Birth:		n	nm/dd/yyyy				
		С	ertificate Num	iber:							
Degree of Injury	Seat Occup				Restraint	Гуре]	Inflatable F	Restraints	
O None O Fatal O Left O Front O Unknown O Minor O Unknown O Right O Rear O None O None O Serious O Center O Single O Lap only O Lap only Installed											
Pilot Certificate(s) (Check all a	that apply)				⊙ 3-p	oint	⊙ 3-point		Not De	ployed	
□ None □ Flight Instructor □ Commercial □ US Military 04-poin □ Private □ Recreational □ Airline Transport □ Foreign 05-poin										☐ Deployed ☐ Unknown	
Principal Occupation M	edical Certific	ate		N	Medical C	ertificate V	alidity		Date of Las	st Medical	
O Other	• Pilot • O None • O Class 3 • O Driver's License (Sport Pilot only) • Without limitations/waivers • O Unknown • N/A • 11/26/ • With limitations/waivers • N/A • 11/26/ • M/A • 11/26/ • M/A • 11/26/ • M/A • M/A					<u>11/26/20</u> <i>mm/dd/yy</i>					
Medical Certificate Limitations Must wear corrective lenses Medical Certificate Special Issuance											
Date of Last Flight Review Flight Review Aircraft											
or Equivalent, Including		-	Cessna	.1 alt							
FAR 121/135 Checks:	05/14/2019		207A								
	<i>mm/dd/yyyy</i> Other Aircraf		-	(D. /:	()						
	(Check all that a			ent Rating							
 None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea 	(Check all that apply) (Check all that apply) None None Airship Airplane Balloon Helicopter Glider Powered Lift Helicopter Powered Lift				, ,	Image: Second structure Image: Second structure Image: Second structure Image: Second structure					
Type Ratings			•			Student	Endorseme	nts (Include	dates)		
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengi			trument Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	1491.8	516 <u>.</u> 8	1446		45						
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days	121.7	121.7	121.7								
Last 30 Days	22.0 2.7	22.0	22.0 2.7								
Last 24 Hours	2.1	2.7	2./								

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer Other Flight Crew											
"Flight Crewmember 2" w	as pilot flying 🛛 🗋	Yes 🗖	No								
"Flight Crewmember 2" Id	lentification										
First Name: City of Residence:											
Middle Initial:					IP:						
Last Name:											
		Country: <i>mm/dd/yyyy</i>									
Age at time of							i aa yyyy				
Degree of Injury	Seat Occupied	Ce	rtificate Numb		traint 7				Inflatable R	lagtuginta	
	None O Estal O Left O Front O Unknown						1		lestraints		
O IroneO IroneO IroneO O InknownO MinorO UnknownO RightO RearO NoneO SeriousO CenterO SingleO Lap only						Used O None O Lap only	J	□ Not Inst □ Installed			
Pilot Certificate(s) (Check a	ll that apply)				O 3-pc		O 3-point	′	🗖 Not Dep	oloyed	
	Instructor 🛛 Com		🗖 US Mil		O 4-point O 4-point □ Depl						
□ Private □ Recrea		ine Transpo ht Enginee		1	O 5-point O 5-point O Unknown					VII	
☐ Student ☐ Sport			<u>.</u>								
Principal Occupation	Medical Certificate			Me	dical Co	ertificate Va	lidity		Date of Las	t Medical	
O Pilot	O None O Cla		(G. 1. 1911)			imitations/wai		nknown			
O Other O Unknown	O Class 1 O Driver's License (Sport Pilot only) O With limitat O Class 2 O Unknown O Special Issu				hitations/waivers O N/A						
Medical Certificate Limita	• •				1						
Medical Certificate Emilia											
Medical Certificate Special	Issuance										
	Andrean Contineare Special Assuance										
Date of Last Flight Review		Flight	t Review Airci	raft							
or Equivalent, Including		-	:								
FAR 121/135 Checks: _	mm/dd/yyyy	- Model									
Airplane Rating(s)	Other Aircraft R		-	ent Rating(s		Instructor	Pating(s)				
(Check all that apply)	(Check all that apply	0.0		that apply))	(Check all th					
□ None	□ None		None	11 57	□ None □ Instrument Air					irplane	
☐ Single-Engine Land	Airship						Single-Engir		Instrument H	elicopter	
 ☐ Single-Engine Sea ☐ Multiengine Land 	☐ Balloon ☐ Glider		Helicop			☐ Airplane	Multi-Engine		Helicopter Glider		
☐ Multiengine Sea	Gyroplane			a Lin		Powered			Sport		
	Helicopter										
Type Ratings	□ Powered Lift					Student Fi	ndorsement	t s (Include d	ates)		
Type Ratings						Student L	iuoi seinen	is (include d	ules)		
Flight Time (Enter appropria	ite All Th	nis Make	Airplane Single	Airplane		Inst	rument			Lighter	
number of hours in each box)		hs Make	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air	
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days					<u> </u>						
Last 30 Days											
Last 24 Hours											

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Ad	dress						Seat Occupie	d	Injury	
First Name:	First Name: City of Residence:								O None	
Middle Initial:	Middle Initial: ZIP:							O Rear O Single	O Minor O Serious	
Last Name: Country:							O Right	O Unknown	O Fatal O Unknown	
Dilat Cartificata(a)		Restraint Ty	Inflatable							
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military								Used	Restraints	
Private	Recreational						O None O Lap Only	O None O Lap Only	□ Not Installed	
Student Sport Flight Engineer							O 3-point O 4-point	O 3-point	☐ Installed ☐ Not Deployed	
Type Rating/Endorsement for Total Flight Time at the Time							O 5-point O Unknown	O 4-point O 5-point	Deployed	
	Accident/Incident Aircraft? Yes No of this Accident/Incident:hrs							O Unknown	Unknown	
Crew Name and Ad	dress						Seat Occupie	Injury		
							OLeft OCenter	O Front O Rear	O None O Minor	
Middle Initial: ZIP:						ORight	O Single O Unknown	O Serious O Fatal		
Last Name: Country: O'Unknown								O Fatal O Unknown		
Pilot Certificate(s) (Check all that apply)								pe:	Inflatable	
None	Flight Instructor		nmercial		Military		Available O None	Used O None	Restraints	
Private Student	 Recreational Sport 		line Transp ght Engine		eign		O Lap Only	O Lap Only O 3-point	☐ Not Installed ☐ Installed	
	-	 (1				O 3-point O 4-point	O 3-point O 4-point	Not Deployed	
Type Rating/Endorsement forTotal Flight Time at the TimeAccident/Incident Aircraft?YesNoof this Accident/Incident:hrs							O 5-point O Unknown	O 5-point O Unknown	Deployed Unknown	
PASSENGER(S)	/ OTHER PERSO	ONNEL (-	· · · · · ·	t if necessary)			
	/ OTHER PERSO	DNNEL (abin crew; c	ontinue on s	eparate shee		Inflatable	Аде	
Name and Address			Include c		-	· · · · · ·			Age	
Name and Address	City :		Include c	sabin crew; c Seat OLeft	ontinue on s Injury ONone	eparate shee Restraint T Available ONone	Type Used ONone	Inflatable Restraints	Age	
Name and Address First Name: Middle Initial:	City : State:	ZIP:	Include c	Seat	ontinue on s Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point	Inflatable Restraints	Under 5 years	
Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:	Include c	Seat OLeft OCenter ORight OUnknown	ontinue on s Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints	☐ Under 5 years I <i>If Under 5</i> , O Child Restraint	
Name and Address First Name: Middle Initial: Last Name:	City : State:	ZIP:	Include c	Seat OLeft OCenter ORight	ontinue on s Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints	Under 5 years	
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Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City :	ZIP: O Ot	her	Seat OLeft OCenter ORight OUnknown	ontinue on s Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints	□ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
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FLIGHT ITINERARY	INFORMATIC	DN								
Last Departure Point	Ti	me of Departure	Destinatio	on		Type Fligh	t Plan Fi	iled		
Airport ID: PAGG		1445	Airport ID:	PABE		O None		O VFF		
City: Kwigillingok		ne: 1445	City: Beth	el		 Company Military 		O IFR O Unk		
State: AK	Tir	ne Zone: AST	State: AK			O VFR	VIIX	U Ulik	nown	
Country: USA			Country: USA			Activated?	⊙Yes	ONo	OUnknown	
Type of ATC Clearance/S	ervice (Check all the	at apply)								
	☐ Special VFR ☐ IFR		ecial IFR R On Top		 VFR Flight Follo Traffic Advisory 		Cruis		А	
Airspace where the accide	ent/incident occurr						Altitud	le of In	-Flight	
	Class G		litary Operations		Special		Occur		B	
	Demo Area Warning Area		port Advisory A Training Area	rea	☐ Air Traffic Conti ☐ Unknown	ol Area	0		ft msl	
	Prohibited Area	TR:	SA							
	Restricted Area	□ FA								
WEATHER INFORM		E ACCIDEN	T/INCIDEN							
Source of Pilot Weather I (Check all that apply)	nformation				servation Facility					
✓ National Weather Service		mpany		Facility ID: PA						
Flight Service Station				Observation Ti	me: 2356					
TV/Radio	🗖 Int			Time Zone: A	ST					
Automated Report Commercial Weather Servi	$ \square N 0 $	ne known		Distance from	Accident Site: 32		nm			
On-Board Weather		KIIOWII		Direction from	Accident Site: 278		_ degrees	true		
Basic Conditions		Light Condit	ion							
⊙ VMC		ODawn	ODusk	O Dark		known				
O IMC		O Day	ONight	OBrig	ht Night					
O Unknown	•				-					
Sky/Lowest Cloud Condit O Clear	O Thin Broken	Ceiling	^		Temperature:		(C) or <u>3</u>	6	(F)	
O Clear O Few	• None (Clear)		Obscured Indefinite	Dew Point:	(C	c) or <u>3</u>	4	(F)		
• Partial Obscuration	O Overcast		Unknown	Altimator Satt	ing, unk	in I	Ia			
O Scattered					Altimeter Sett	Altimeter Setting: unk in. Hg or MB				
Lowest Cloud Condition	-	Ceiling Heigh	it	ft and						
	ft agl	<u>SCT 020</u>		ft agl						
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles			
□ Variable	Calm		🗖 Not Gustin	ng	RVR	:	feet			
-0r-	Light and Va -or-	riable	-or-		RVV	:	miles			
Direction: 100 degrees tru		kts	Speed: 0	kts	Density Altitu	de: unk		ft		
Intensity of Precipitation		itation (Check all i	1		Restriction to		heck all th	-	,)	
OLight	☑ _{None}	Drizzle	Freezin	g Rain	✓ None	• •••••••••••••••••••••••••••••••••••		ar appij	/	
O Moderate	Rain	Ice Pellets	🗖 Snow S	hower	Blowing Du		Ground Fo	g		
O Heavy ⊙ N/A	\square Snow	□ Snow Peller □ Snow Grain			Blowing Sa		laze ce Fog			
O Unknown	□ Hail □ Rain Showers	□ Snow Grain □ Ice Crystals		g Drizzie	☐ Blowing Sn		Smoke			
			-		Dust	Πſ	Jnknown			
Icing Forecast		Icing Actual			Turbulence					
AmountTypeO NoneO N/A		Amount O None	Type O N/A		Type (Check a. ☐ None	ll that apply)		v erity Light		
O Trace O Rime		O Trace	O Rime		Clear Air			Moderate	e	
O Light O Clear		O Light	O Clear	•	🗹 Terrain-Indu			Severe		
O Moderate O Mixe O Severe O Unkn		O Moderate O Severe	O Mixe			Turbulence		Extreme		
O Severe O Unkn O Unknown	own	O Severe O Unknown	O Unkr	IOWII						
NOTAMs (D and FDC)	AIDMET SIC		s in offert at	the time of 4	ho agaidant/ingi	lant				
THU I AIVIS (D'ANG FDC)	, AINVIE I S, SIG	IVIE IS, FIKEP	s in effect at	the time of the		ient:				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage O None

O Minor

amage
 Substantial
 Destroyed

O Unknown

Aircraft Fire None In-Flight On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown

Aircraft Explosion

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Outer portion of right wing impact damage from striking ground.

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

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

I was setting up to depart RWY 15 out of KWK, I turned and added some power and I felt the plane sliding right, I stomped the left rudder and brake and was still sliding right and could not get any traction, I put power to idle and stomped again and was still sliding to the right, I pulled the mixture to idle cut off, but by the time I did my right main wheel was off the runway enough to send me into a perpetual motion into the ditch off the side of the runway in KWK.the nose went forward momentarily into the snow in the ditch and then settled back. I got out to inspect the plane and no apparent damage was done to the prop but the wing tip did receive some damage when the nose went

RECOMMENDATION (How could this	accident/incident h	ave been prevented	l?)		
Operator/Owner Safety Recommendation					
Under investigation					
MECHANICAL MALFUNCTION		re snace is needed	continue on sena	rate sheet)	
Was there Mechanical Malfunction/Failu			, continue on copu		Total Time/Cycles
(If yes, list the name of the part, manufacturer, pa					On Part
					Hours
					Cycles
					Time Since This Part Inspected/Overhauled
					-
					Hours
FUEL & SERVICES INFORMAT					
FUEL & SERVICES INFORMAT Fuel on Board at Last Takeoff	Fuel Type				
(Convert from pounds, as necessary)	O 80/87	O 115/145	O Jet B	O Other, specify	
Approx 40 Gallons	 100 Low Lead 100/130 	O Jet A O Jet A-1	O JP8 O Automotive		
Other Services, if Any, Prior to Departur	-	0.000	0		
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the airc		□ Yes □ No			
Method of Exit – Describe how the occupa	nts exited and how m	any occupants evacu	lated each location		
OTHER AIRCRAFT - COLLISIC			-	D	
	turer:			——————————————————————————————————————	mage to Other Aircraft Destroyed Minor
				D	Substantial None
Registered Owner of Other Aircraft			of Other Aircraft		
Name:		Nam	e:		
City:		City: State	:	ZIP:	
Country:		Cour	ntry:		

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report Name of Pilot/Operator: Grant Aviation, INC.											
03/23/2020	Signature:										
<i>mm/dd/yyyy or I</i> Check here to electronically sign this document											
If a Person Other than Pilot/Operator is Filing Report											
Name: George W. Curtis Jr. Title: Director of Operations											
Signature:											
or Check here to electronically sign this document											
FOR NTSB USE ONLY											
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investiga	itor	Date Report Received						
ANC20CA037		Anchorage	Banning		3/25/2020						