

# 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

### Accident/Incident Location

Nearest City/Place: Big Lake State: AK

ZIP: 99652 Country: US

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 03/09/2020 Local Time: 20:30

mm/dd/yyyy

Time Zone: AKST

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N52168

Manufacturer: Cessna

Model: 172N

Serial Number: 17273457

Year of Manufacture: 1979

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2300 lbs

Weight at Time of Accident/Incident: 1900 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 1

### Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

#### Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear

(Check all that apply)

☐ Retractable

- ☒ Tricycle ☐ Tailwheel
- ☐ Amphibian ☐ High Skid
- ☐ Emergency Float ☐ Skid
- ☐ Float ☐ Ski
- ☐ Hull ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None ☐ Unknown

### Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket
- ☐ Turbo Shaft ☐ Solid Rocket
- ☐ Turbo Prop ☐ Hybrid Rocket
- ☐ Turbo Jet ☐ None
- ☐ Turbo Fan ☐ Unknown
- ☐ Electric

### Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|--|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>O-320</u>        |                              |                            |  |                       |                                      |                     |
| Eng. 2 |                     |                     |                              |                            |  |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |  |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |  |                       |                                      |                     |

### Last Inspection Type

- ☒ 100-Hour ☐ Continuous Airworthiness
- ☐ AAIP ☐ Conditional Inspection
- ☐ Annual ☐ Unknown

Date Last Inspection: \_\_\_\_\_  
mm/dd/yyyy

Airframe Total Time: \_\_\_\_\_ hrs

hours measured at (Select one)

☒ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program (Select one)

- ☐ Annual
- ☐ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program (AAIP)
- ☐ Continuous Airworthiness
- ☐ Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

- ☐ None
- ☐ Specify: \_\_\_\_\_

### Propeller 1

- ☒ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: \_\_\_\_\_

Model or Part No.: \_\_\_\_\_

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)  
☒ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
  - ☐ Fire Damage
  - ☐ Battery Expired/Damaged
  - ☐ Unknown

### Additional Equipment (Check all that apply)

- ☒ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Autopilot
- ☐ Data Recorder
- ☒ Electronic Flight Bag or Handheld Device
- ☐ Electronic Multifunction Display
- ☐ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: FLIGHT SAFETY ALASKA INCCity: AnchorageFractional Ownership Aircraft: ☐ Yes ☒ NoState: AK ZIP: 99501Country: US**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: 99507

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

- ☐ 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)  
☐ 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

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)  
☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local  
☐ Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown  
☐ Aerial Observation ☐ Flight Test  
☐ Air Drop ☐ Glider Tow  
☐ Air Race/Show ☒ Instructional  
☐ Banner Tow ☐ Other Work Use  
☐ Business ☐ Personal  
☐ Executive/Corporate ☐ Positioning  
☐ External Load ☐ Skydiving  
☐ Ferry

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Big LakeDistance From Airport Center: 0 smAirport Identifier: PAGQ

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 157 ft. msl**Runway Information**Runway ID: 7 (L/R/C) Length: 2450 ft Width: 70 ft**Runway/Landing Surface (Check all that apply)**

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

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

- ☐ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☒ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft  
☐ Slush-Covered ☐ Vegetation ☐ 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 ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ Unknown

**IFR Approach (Check all that apply)**

- ☐ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice  
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS  
☐ VOR/TVOR ☐ ILS ☐ ASR  
☐ VOR/DME ☐ Localizer Only ☐ Visual  
☐ TACAN ☐ LOC-back course ☐ Contact  
☐ RNAV ☐ Circling  
☐ Unknown

**VFR Approach (Check all that apply)**

- ☐ None
- ☐ 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 ☐ No

### "Flight Crewmember 1" Identification

First Name: Larry

City of Residence: Anchorage

Middle Initial: D

State: AK ZIP: 99507

Last Name: Jones

Country: US

Age at time of Accident/Incident: 43 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

#### Degree of Injury

☒ None  
 ☐ Fatal  
☐ Minor  
 ☐ Unknown  
☐ Serious

#### Seat Occupied

☐ Left  
 ☐ Front  
 ☐ Unknown  
☒ Right  
 ☐ Rear  
☐ Center  
 ☐ Single

#### Restraint Type

##### Available

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

##### Used

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

#### Inflatable Restraints

☒ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

#### Pilot Certificate(s) (Check all that apply)

☐ None  
 ☒ Flight Instructor  
 ☒ Commercial  
 ☐ US Military  
☐ Private  
 ☐ Recreational  
 ☒ Airline Transport  
 ☐ Foreign  
☐ Student  
 ☐ Sport  
 ☐ Flight Engineer

#### Principal Occupation

☐ Pilot  
☒ Other  
☐ Unknown

#### Medical Certificate

☐ None  
 ☐ Class 3  
☐ Class 1  
 ☐ Driver's License (Sport Pilot only)  
☒ Class 2  
 ☐ Unknown

#### Medical Certificate Validity

☒ Without limitations/waivers  
 ☐ Unknown  
☐ With limitations/waivers  
 ☐ N/A  
☐ Special Issuance

#### Date of Last Medical

01/13/2016  
 mm/dd/yyyy

#### Medical Certificate Limitations

#### Medical Certificate Special Issuance

#### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

12/08/2019  
 mm/dd/yyyy

#### Flight Review Aircraft

Make: Cessna

Model: 172

#### Airplane Rating(s) (Check all that apply)

☐ None  
☒ Single-Engine Land  
☒ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

#### Other Aircraft Rating(s) (Check all that apply)

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

#### Instrument Rating(s) (Check all that apply)

☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

#### Instructor Rating(s) (Check all that apply)

☐ None  
 ☒ Instrument Airplane  
☒ Airplane Single-Engine  
 ☐ Instrument Helicopter  
☒ Airplane Multi-Engine  
 ☐ Helicopter  
☐ Gyroplane  
 ☐ Glider  
☐ Powered Lift  
 ☐ 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  | 2,796        | 1,500             | 2,500                  | 252                  | 370   | 44         | 122       |            |        |                  |
| Pilot in Command (PIC)                                      | 2,689        |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor  | 1,423        |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  | 100          |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days  | 25           |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours   | 1            |                   |                        |                      |       |            |           |            |        |                  |

## "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><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available   | Used                                | <input type="radio"/> None                     | <input type="radio"/> None       | <input type="radio"/> Lap only         | <input type="radio"/> Lap only             | <input type="radio"/> 3-point                   | <input type="radio"/> 3-point    | <input type="radio"/> 4-point  | <input type="radio"/> 4-point            | <input type="radio"/> 5-point | <input type="radio"/> 5-point   | <input type="radio"/> Unknown | <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 |                               |   |                               |                               |
|--|--|--|---|-------------------------------------|--|----------------------------------|--|--|---|----------------------------------|--------------------------------|--|-------------------------------|---|-------------------------------|-------------------------------|--|-------------------------------|---|-------------------------------|-------------------------------|
| Available  | Used   |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> None   | <input type="radio"/> None   |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> Lap only   | <input type="radio"/> Lap only   |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> 3-point  | <input type="radio"/> 3-point  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> 4-point  | <input type="radio"/> 4-point  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> 5-point  | <input type="radio"/> 5-point  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |  | <input type="checkbox"/> None  | <input type="checkbox"/> Flight Instructor        | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military           | <input type="checkbox"/> Private | <input type="checkbox"/> Recreational  | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign                | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                               | <b>Medical Certificate</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> Class 3</td> </tr> <tr> <td><input type="radio"/> Class 1</td> <td><input type="radio"/> Driver's License (Sport Pilot only)</td> </tr> <tr> <td><input type="radio"/> Class 2</td> <td><input type="radio"/> Unknown</td> </tr> </table> |                               | <input type="radio"/> None    | <input type="radio"/> Class 3  | <input type="radio"/> Class 1 | <input type="radio"/> Driver's License (Sport Pilot only) | <input type="radio"/> Class 2 | <input type="radio"/> Unknown |
| <input type="checkbox"/> None  | <input type="checkbox"/> Flight Instructor   | <input type="checkbox"/> Commercial  | <input type="checkbox"/> US Military              |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="checkbox"/> Private   | <input type="checkbox"/> Recreational  | <input type="checkbox"/> Airline Transport   | <input type="checkbox"/> Foreign                  |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="checkbox"/> Student   | <input type="checkbox"/> Sport   | <input type="checkbox"/> Flight Engineer   |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> None   | <input type="radio"/> Class 3  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> Class 1  | <input type="radio"/> Driver's License (Sport Pilot only)  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> Class 2  | <input type="radio"/> Unknown  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown   | <b>Medical Certificate Validity</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> Without limitations/waivers</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> With limitations/waivers</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Special Issuance</td> <td></td> </tr> </table> |  | <input type="radio"/> Without limitations/waivers | <input type="radio"/> Unknown       | <input type="radio"/> With limitations/waivers | <input type="radio"/> N/A        | <input type="radio"/> Special Issuance |  | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> Without limitations/waivers  | <input type="radio"/> Unknown  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> With limitations/waivers   | <input type="radio"/> N/A  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |
| <input type="radio"/> Special Issuance   |  |  |   |                                     |  |                                  |  |  |   |                                  |                                |  |                               |   |                               |                               |  |                               |   |                               |                               |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

### Flight Review Aircraft

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>Airplane Rating(s)</b> <i>(Check all that apply)</i><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)</b> <i>(Check all that apply)</i><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)</b> <i>(Check all that apply)</i><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)</b> <i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <td> <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                         </td> <td> <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                         </td> </tr> </table> | <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 | <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 |
| <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  | <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 <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|  |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time   |              |                   |                        |                      |       |            |           |            |        |                  |
| 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: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |  |   | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown   |   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student               </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport               </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer               </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign               </div> </div> |  |   | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <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               </div> <div style="flex: 1;"> <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               </div> </div> |   | <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>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs   |  |   |  |  |
| <b>Crew Name and Address</b>   |  |   | <b>Seat Occupied</b>   |   | <b>Injury</b>  |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |  |   | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown   |   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student               </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport               </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer               </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign               </div> </div> |  |   | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <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               </div> <div style="flex: 1;"> <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               </div> </div> |   | <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>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs   |  |   |  |  |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)   |  |   |  |   |  |  |
| <b>Name and Address</b>  |  | <b>Seat</b>   | <b>Injury</b>  | <b>Restraint Type</b>   |  | <b>Inflatable Restraints</b>   |
| First Name: <u>Ronnie</u> City : <u>Anchorage</u><br>Middle Initial: _____      State: <u>AK</u> ZIP: _____<br>Last Name: <u>Fiscus</u> Country: <u>US</u><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew      <input checked="" type="radio"/> Passenger      <input type="radio"/> Other           </div>  |  | <input checked="" type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input checked="" 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 checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" 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                      | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____      City : _____<br>Middle Initial: _____      State: _____      ZIP: _____<br>Last Name: _____      Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew      <input type="radio"/> Passenger      <input type="radio"/> Other           </div>   |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   | <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                       | <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                                 | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____      City : _____<br>Middle Initial: _____      State: _____      ZIP: _____<br>Last Name: _____      Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew      <input type="radio"/> Passenger      <input type="radio"/> Other           </div>   |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   | <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                       | <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                                 | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____      City : _____<br>Middle Initial: _____      State: _____      ZIP: _____<br>Last Name: _____      Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew      <input type="radio"/> Passenger      <input type="radio"/> Other           </div>   |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   | <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                       | <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                                 | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

## FLIGHT ITINERARY INFORMATION

|  |  |   |  |
|--|--|---|--|
| <b>Last Departure Point</b><br>Airport ID: <u>PAMR</u><br>City: <u>Anchorage</u><br>State: <u>AK</u><br>Country: <u>US</u> | <b>Time of Departure</b><br>Time: <u>18:20</u><br>Time Zone: <u>AKST</u> | <b>Destination</b><br>Airport ID: <u>PAMR</u><br>City: <u>Anchorage</u><br>State: <u>AK</u><br>Country: <u>US</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br><b>Activated?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--|--|---|--|

|   |                                      |                                      |  |                                       |
|---|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply) |                                      |                                      |  |                                       |
| <input type="checkbox"/> None                               | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input checked="" type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input checked="" type="checkbox"/> VFR                     | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input checked="" type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

|   |   |   |   |
|---|---|---|---|
| <b>Airspace where the accident/incident occurred</b> (Check all that apply) |   |   | <b>Altitude of In-Flight Occurrence:</b> _____ ft msl |
| <input type="checkbox"/> Class A  | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                      |
| <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</b><br>(Check all that apply)  | <b>Weather Observation Facility</b>  |
| <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 | Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
| <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>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 <input checked="" type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |
|---|---|

|  |   |  |
|--|---|--|
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown | <b>Temperature:</b> _____ (C) or <u>30</u> (F)<br><b>Dew Point:</b> _____ (C) or <u>25</u> (F)<br><b>Altimeter Setting:</b> <u>30.05</u> in. Hg<br>or _____ MB |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl   | <b>Ceiling Height</b><br>_____ ft agl   |  |

|  |  |  |   |
|--|--|--|---|
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>10</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</b> (Check all that apply)   | <b>Restriction to Visibility</b> (Check all that apply)  |
|  | <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |

| <b>Icing Forecast</b>  | <b>Icing Actual</b>               | <b>Turbulence</b> |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
|--|-----------------------------------|-------------------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|--|--------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|---|-----------------------------|----------|--|--------------------------------|------------------------------------|-----------------------------------|--|---------------------------------|--|----------------------------------|
| <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount                            | Type              | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <table border="0"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table> | Type (Check all that apply) | Severity | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Light | <input type="checkbox"/> Clear Air | <input type="checkbox"/> Moderate | <input type="checkbox"/> Terrain-Induced | <input type="checkbox"/> Severe | <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme |
| Amount   | Type                              |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A         |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime        |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear       |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed       |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown     |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                   |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| Amount   | Type                              |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A         |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime        |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear       |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed       |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown     |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                   |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| Type (Check all that apply)  | Severity                          |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Light    |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Clear Air   | <input type="checkbox"/> Moderate |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Terrain-Induced   | <input type="checkbox"/> Severe   |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Convective Turbulence   | <input type="checkbox"/> Extreme  |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |                             |          |  |                                |                                    |                                   |  |                                 |  |                                  |

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

**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)*

Damage to right wing tip.  
Damage to lower engine cowling.

**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.

Departed PAMR for an instrument instruction flight. Picked up flight following with Anchorage approach. The student flew the airplane from takeoff at PAMR and flew a practice VOR 7 approach at PAGQ with the published missed an hold. I demonstrated the same approach with a circle-to-land at PAGQ rwy 25. Upon touchdown on the runway, the main landing gear contacted the snow on the runway and quickly slowed at a/c below takeoff speed. I added full power to maintain momentum in order to not get stuck on the rwy. I made one attempt to take off the opposite direction on rwy 25 and was unable to get enough speed, I turned the a/c around and exited the runway near the approach end of rwy 7. After several minutes I tried to takeoff from rwy 7 beginning the takeoff run with a high-speed taxi from the 90degree taxiway to rwy 7. Just prior to entering the runway, and dip in the taxiway caused the a/c to veer to the left of the runway entrance and into an adjacent snow berm. We exited the a/c and I inspected the a/c damage. The a/c was pulled out of the snow bank and parked at a nearby hanger.

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

## Operator/Owner Safety Recommendation

This accident could have been prevented several ways.

1) If we never took off from PAMR there would have been no accident.

2) If I would have recognized how deep the snow was on the rwy and did not land at PAGQ, there would have been no accident.

3) If I had parked and A/C at PAGQ after landing and waited for the runway to get plowed by DOT there would have been no accident.

In hind sight I have realized that I was suffering from fatigue. The fatigue affected my judgment and decision making abilities which led to several external pressures and hazardous attitudes getting the best of me. At least I should have stopped at (3) above and just parked the a/c. I will never make this mistake again.

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

43 Gallons

**Fuel Type**

☐ 80/87

☐ 115/145

☐ Jet B

☐ Other, specify \_\_\_\_\_

☒ 100 Low Lead

☐ Jet A

☐ JP8

☐ 100/130

☐ Jet A-1

☐ Automotive

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

Pax exited the left door.

Pilot Exited the right door.

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

Aircraft Registration Number

\_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

☐ Destroyed

☐ Minor

☐ Substantial

☐ None

**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Date of this Report

03/23/2020

*mm/dd/yyyy*

Name of Pilot/Operator: Larry Jones

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

-- or --

☐

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**

NTSB Accident/Incident No.

ANC20CA032

Reviewed by NTSB Regional Office

Anchorage

Name of Investigator

Banning

Date Report Received

3/23/2020