

**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: Nikiski State: AK  
 ZIP: 99635 Country: USA  
 Latitude: N60°55.627' Longitude: W151°58.007'  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 6/1/20 Local Time: 8:20 PM  
*mm/dd/yyyy* Time Zone: AK  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N8987Y  
**Manufacturer:** PIPER  
**Model:** PA-18 150  
**Serial Number:** 18-7409132  
**Year of Manufacture:** 1974  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 1750 lbs 1700  
**Weight at Time of Accident/Incident:** UNDER 600 lbs  
**Number of Seats:** 2 Flight Crew Seats: 0  
 Cabin Crew Seats: 0 Passenger Seats: 1  
**Number of Engines:** 1

| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table style="width:100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | Standard | Special | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |  | <input type="checkbox"/> Experimental Light-Sport | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Retractable<br><input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type (Reciprocating)</b><br><input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
|--|---|----------|---------|--|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---|--|--|
| Standard   | Special   |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input checked="" type="checkbox"/> Normal   | <input type="checkbox"/> Restricted   |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Aerobatic   | <input type="checkbox"/> Limited  |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Balloon   | <input type="checkbox"/> Provisional  |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Commuter  | <input type="checkbox"/> Special Flight   |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Transport   | <input type="checkbox"/> Experimental   |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
| <input type="checkbox"/> Utility   | <input type="checkbox"/> Special Light-Sport  |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |
|  | <input type="checkbox"/> Experimental Light-Sport   |          |         |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |  |  |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|--------------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | <u>LYCOMING</u>     | <u>D-320 A2B</u>    | <u>L-39353-27A</u>           |                                | <u>160</u>   |                    |                                | <u>432.1</u>     |
| Eng. 2 |                     |                     |                              |                                |  |                    |                                |                  |
| Eng. 3 |                     |                     |                              |                                |  |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                                |  |                    |                                |                  |

**Last Inspection Type**  
 100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown  
**Date Last Inspection:** 6-14-19  
*mm/dd/yyyy*

**Airframe Total Time:** 2028.4 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: McCaulley  
 Model: GM8244/IAHS

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** ACK Technologies  
**Model or Part No.:** E-04  
 TSO No.:  C91 (121.5 MHz)  C91a (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:* Not A HARD ENOUGH

**Indicate Reason:**  Impact Damage  Fire Damage  Battery Expired/Damaged  Unknown

**Propeller 2**  
 Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**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: ~~William Hanson~~ Hanson William & Jodi

City: Soldotna

State: AK ZIP: 99669

Fractional Ownership Aircraft:  Yes  No

Country: USA

**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: William HANSON

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

Doing Business As: Private / PLEASURE

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

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 132)
- 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: \_\_\_\_\_

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: \_\_\_\_\_

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

Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A

Airport Elevation: \_\_\_\_\_ ft. msl

**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

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

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

- 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  Final  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  Visual
- VOR/DME  Localizer Only  Contact  Circling
- TACAN  LOC-back course  Circling
- 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

AFTER Flying strip Both WAYS

**"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: William   City of Residence: Soldotna  
 Middle Initial: D   State: AK   ZIP: 99669  
 Last Name: HANSON   Country: USA  
 Age at time of Accident/Incident: 43   Date of Birth: [REDACTED] 76 mm/dd/yyyy  
 Certificate Number: [REDACTED]

|  |  |   |   |
|--|--|---|---|
| <b>Degree of Injury</b><br><input checked="" 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 checked="" type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input checked="" type="radio"/> [REDACTED] <input type="radio"/> Single<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b><br>Available: <input type="radio"/> None <input checked="" type="radio"/> [REDACTED]<br><input checked="" type="radio"/> 4-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><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 |
|--|--|---|---|

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

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> None               | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial        | <input type="checkbox"/> US Military |
| <input checked="" 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   |                                      |

**Used**

|   |  |
|---|--|
| <input type="radio"/> None                  | <input type="radio"/> Unknown            |
| <input checked="" type="radio"/> [REDACTED] | <input checked="" type="radio"/> 4-point |
| <input type="radio"/> 4-point               | <input type="radio"/> 5-point            |
| <input type="radio"/> Unknown               | <input type="radio"/> Unknown            |

**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**

11-19-18  
 mm/dd/yyyy

**Medical Certificate Limitations**

NONE

**Medical Certificate Special Issuance**

NONE

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 03/27/20  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: PIPER  
 Model: PA-18 150

**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  
 Airplane Single-Engine  
 Airplane Multi-Engine  
 Gyroplane  
 Powered Lift

Instrument Airplane  
 Instrument Helicopter  
 Helicopter  
 Glider  
 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  | 525.3        | 525.3             | 525.3                  | 0                    | 3.3   | 0          | 3.1       | 0          | 0      | 0                |
| Pilot in Command (PIC)                                      |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor  |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours   |              |                   |                        |                      |       |            |           |            |        |                  |

**"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>  |   | <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>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 | <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 |  |

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

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

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

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

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

|                     |   |
|---------------------|---|
| <b>Type Ratings</b> | <b>Student Endorsements</b> (Include dates) |
|---------------------|---|

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

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

|   |  |  |  |
|---|--|--|--|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>   | <b>Injury</b>  |
| First Name: _____ City of Residence: _____<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"/> 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><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><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 |
| <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"/> 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><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><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 |
| <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)

| Name and Address  | Seat  | Injury  | Restraint Type   | Inflatable Restraints   | Age   |
|---|---|---|--|---|---|
| First Name: <u>Brady</u> City: <u>Soldotna</u><br>Middle Initial: <u>W</u> State: <u>AK</u> ZIP: <u>99669</u><br>Last Name: <u>HANISOW</u> Country: <u>USA</u><br><input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input checked="" type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input checked="" 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> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input checked="" type="radio"/> Lap Only <input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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>If Under 5,<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><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other   | <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> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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>If Under 5,<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><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other   | <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> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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>If Under 5,<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><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other   | <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> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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>If Under 5,<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>PASX</u><br>City: <u>Soldotna</u><br>State: <u>AK</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>7:35 pm</u><br>Time Zone: <u>ALASKA</u> | <b>Destination</b><br>Airport ID: _____<br>City: _____<br>State: _____<br>Country: _____ | <b>Type Flight Plan Filed</b><br><input 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 checked="" type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown |
|--|--|--|--|

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

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

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

|                                  |   |   |   |
|----------------------------------|---|---|---|
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <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                         |   |

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|   |  |                                  |  |                                   |                                   |                                   |   |                               |   |                                  |   |  |   |
|---|--|----------------------------------|--|-----------------------------------|-----------------------------------|-----------------------------------|---|-------------------------------|---|----------------------------------|---|--|---|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input checked="" type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> National Weather Service | <input type="checkbox"/> Company | <input checked="" type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military | <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Internet | <input type="checkbox"/> Automated Report | <input type="checkbox"/> None | <input type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown | <input type="checkbox"/> On-Board Weather |  | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
| <input checked="" type="checkbox"/> National Weather Service  | <input type="checkbox"/> Company                             |                                  |  |                                   |                                   |                                   |   |                               |   |                                  |   |  |   |
| <input checked="" type="checkbox"/> Flight Service Station  | <input type="checkbox"/> Military                            |                                  |  |                                   |                                   |                                   |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> TV/Radio   | <input type="checkbox"/> Internet                            |                                  |  |                                   |                                   |                                   |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> Automated Report   | <input type="checkbox"/> None                                |                                  |  |                                   |                                   |                                   |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> Commercial Weather Service (DUATS)   | <input type="checkbox"/> Unknown                             |                                  |  |                                   |                                   |                                   |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> On-Board Weather   |  |                                  |  |                                   |                                   |                                   |   |                               |   |                                  |   |  |   |

|   |   |
|---|---|
| <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 type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |
|---|---|

|  |   |   |
|--|---|---|
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input checked="" 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 type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input checked="" type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ 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 type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input 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) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> None    | <input type="checkbox"/> Drizzle | <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets | <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets | <input type="checkbox"/> Ice Pellets Shower | <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains | <input type="checkbox"/> Freezing Drizzle | <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |  | <b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog | <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog | <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze | <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog | <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke | <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Drizzle   | <input type="checkbox"/> Freezing Rain      |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Rain  | <input type="checkbox"/> Ice Pellets   | <input type="checkbox"/> Snow Shower        |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Snow  | <input type="checkbox"/> Snow Pellets  | <input type="checkbox"/> Ice Pellets Shower |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Hail  | <input type="checkbox"/> Snow Grains   | <input type="checkbox"/> Freezing Drizzle   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Rain Showers  | <input type="checkbox"/> Ice Crystals  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Fog   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Dust  | <input type="checkbox"/> Ground Fog  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Sand  | <input type="checkbox"/> Haze  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Snow  | <input type="checkbox"/> Ice Fog   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Dust  | <input type="checkbox"/> Unknown   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |

| <b>Icing Forecast</b><br><table style="width: 100%;"> <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 |  | <b>Icing Actual</b><br><table style="width: 100%;"> <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 |  | <b>Turbulence</b><br><table style="width: 100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" 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 | Severity | <input type="checkbox"/> None | <input checked="" 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  | Severity                                  |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> None   | <input checked="" 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:**

NONE

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

- None       Substantial  
 Minor       Destroyed  
 Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

LEFT & Right Wing : Right GEAR LEG, PROP

**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.

While on short final into a remote off airport strip  
 a gust of wind hit the aircraft while at its slowest  
 point before touching down, shifting the aircraft a little  
 to the left causing the left wing to get into the  
 brush, causing the aircraft to ground loop, right gear  
 leg collapsed causing right wing to hit the ground, prop  
 hit some alders

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

Operator/Owner Safety Recommendation

Wait for a day without Gusty Winds

**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)

36 \_\_\_\_\_ 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

2 out the MAIN CABIN 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

|  |  |
|--|--|
| <b>Date of this Report</b><br><u>06/11/20</u><br><small>mm/dd/yyyy</small> | <b>Name of Pilot/Operator:</b> <u>William D. Hanson</u><br><b>Signature:</b> <br><small>-- or --</small> <input type="checkbox"/> Check here to electronically sign this document |
|--|--|

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

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

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

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

**FOR NTSB USE ONLY**

|   |   |  |  |
|---|---|--|--|
| <b>NTSB Accident/Incident No.</b><br>ANC20CA056 | <b>Reviewed by NTSB Regional Office</b><br>Alaska | <b>Name of Investigator</b><br>Banning | <b>Date Report Received</b><br>6/12/2020 |
|---|---|--|--|