

**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: <u>Unalakleet</u> State: <u>Alaska</u> ZIP: <u>99884</u> Country: <u>USA</u> Latitude: <u>N83.90598</u> Longitude: <u>W180.25453</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>05/31/2020</u> Local Time: <u>1617</u> <i>mm/dd/yyyy</i> Time Zone: <u>Alaska</u>
Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N779DA</u> Manufacturer: <u>Air Tractor</u> Model: <u>AT802-A</u> Serial Number: <u>AT802A-0779</u> Year of Manufacture: <u>2018</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit Plans <input type="radio"/> Original Design <i>Make:</i> _____	<input type="checkbox"/> IFR-Equipped and Certified <input checked="" type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft
Maximum Gross Weight: <u>18000</u> lbs Weight at Time of Accident/Incident: <u>12,830</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: <u>0</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>	

Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Aerobatic Special <input type="checkbox"/> Restricted <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 <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input checked="" type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) / Overhaul (hours)
Eng 1	Pratt & Whitney	PT8A-87F	PCE-RZ0258		1800	205.4	23.3
Eng 2							
Eng 3							
Eng 4							

Last Inspection Type <input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown	Propeller 1 <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>HC-B5MA-3D/M11891NS</u>	Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>N/A</u> Model: _____
Date Last Inspection: <u>03/19/2020</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>205.4</u> hrs hours measured at (Select one) <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-04</u> TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input checked="" type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown	Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input checked="" type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input checked="" type="checkbox"/> Handheld GPS <input checked="" type="checkbox"/> Heads Up Display <input checked="" type="checkbox"/> Onboard Weather <input checked="" type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	Description of Fire Extinguishing System <input type="radio"/> None <input checked="" type="radio"/> Specify: <u>Bottle</u>	

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Aero Spray inc dba Dauntless Air</u>		City: <u>Appleton</u> State: <u>MN</u> ZIP: <u>56208</u> Country: <u>USA</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner		<input type="checkbox"/> Same Address as Registered Owner
Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		City: _____ State: _____ ZIP: _____ Country: _____
Operating Certificates Held <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input checked="" type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input checked="" type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135) <input checked="" type="checkbox"/> Commercial Air Tour (FAR 136) <input checked="" type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input checked="" type="checkbox"/> Commercial Space Transportation Experimental Permit <input checked="" type="checkbox"/> Commercial Space Transportation License <input checked="" type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only
	Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>		
Airport Name: <u>N/A</u> Airport Identifier: _____ Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input checked="" type="radio"/> N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft msl
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input checked="" type="checkbox"/> Macadam <input type="checkbox"/> Water <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Unknown		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input checked="" type="checkbox"/> Snow-Crusted <input checked="" type="checkbox"/> Water-Choppy <input checked="" type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input checked="" type="checkbox"/> Snow-Wet <input checked="" type="checkbox"/> Wet <input checked="" type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Slush-Covered <input checked="" type="checkbox"/> Vegetation <input checked="" type="checkbox"/> Unknown
Approach/Departure Segment <i>(Select one)</i> <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Crosswind <input type="radio"/> Unknown		
IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input checked="" type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input checked="" type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input checked="" type="checkbox"/> ASR <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input checked="" type="checkbox"/> Circling <input type="checkbox"/> Unknown		VFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input checked="" type="checkbox"/> Precautionary Landing <input type="checkbox"/> 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: Aldo City of Residence: Woodland
 Middle Initial: N/A State: California ZIP: 95605
 Last Name: Leonardi Country: USA
 Age at time of Accident/Incident: 50 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

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

Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input checked="" 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	Date of Last Medical <u>04/20/2019</u> <u>mm/dd/yyyy</u>
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Medical Certificate Limitations
 N/A

Medical Certificate Special Issuance
 N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/2020</u> <u>mm/dd/yyyy</u>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings
 N/A

Student Endorsements (Include dates)
 N/A

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	11,000	2,000	10,200	800	500	1000	500	0	0	0
Pilot in Command (PIC)	10,700	2,000	10,000	800	500	1000	500	0	0	0
Time as Instructor	3,000	0	2,800	200	150	100	350	0	0	0
This Make/Model					0	0	0			
Last 90 Days	35	35	35	0	0	0	0	0	0	0
Last 30 Days	20	30	30	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

"FLIGHT CREWMEMBER 2" INFORMATION														
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident														
<input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew "Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
"Flight Crewmember 2" Identification														
First Name: <u>N/A</u>					City of Residence: _____									
Middle Initial: _____					State: _____			ZIP: _____						
Last Name: _____					Country: _____									
Age at time of Accident/Incident: _____			Date of Birth: _____			mm/dd/yyyy								
Certificate Number: _____														
Degree of Injury			Seat Occupied			Restraint Type			Inflatable Restraints					
<input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			<input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Installed <input checked="" type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input checked="" type="checkbox"/> Unknown		
Pilot Certificate(s) (Check all that apply)														
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input checked="" type="checkbox"/> Foreign <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer														
Principal Occupation			Medical Certificate			Medical Certificate Validity			Date of Last Medical					
<input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown			<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="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			_____ mm/dd/yyyy					
Medical Certificate Limitations														
Medical Certificate Special Issuance														
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:			Flight Review Aircraft											
_____ mm/dd/yyyy			Make: _____ Model: _____											
Airplane Rating(s) (Check all that apply)			Other Aircraft Rating(s) (Check all that apply)			Instrument Rating(s) (Check all that apply)			Instructor Rating(s) (Check all that apply)					
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input checked="" type="checkbox"/> Balloon <input type="checkbox"/> Glider <input checked="" type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input checked="" type="checkbox"/> Powered Lift			<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Powered Lift			<input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Glider <input checked="" type="checkbox"/> Sport		
Type Ratings						Student Endorsements (Include dates)								
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air				
						Actual	Simulated							
Total Time														
Pilot in Command (PIC)														
Time as Instructor														
This Make/Model														
Last 90 Days														
Last 30 Days														
Last 24 Hours														

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: <u>N/A</u> City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
<input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Student <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Flight Engineer			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		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input checked="" type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input checked="" type="checkbox"/> Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address			Seat Occupied		Injury	
First Name: <u>N/A</u> City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
<input checked="" type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Airline Transport <input checked="" type="checkbox"/> Foreign <input checked="" type="checkbox"/> Student <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Flight Engineer			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		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input checked="" type="checkbox"/> Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: <u>N/A</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other		<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: <u>N/A</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other		<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
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First Name: <u>N/A</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other		<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>PAGA</u> City: <u>Galena</u> State: <u>Alaska</u> Country: <u>USA</u>		Time of Departure Time: <u>1401</u> Time Zone: <u>Alaska</u>	Destination Airport ID: <u>Fire 123</u> City: <u>N/A</u> State: <u>N/A</u> Country: <u>N/A</u>		Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input 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 checked="" type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input checked="" type="checkbox"/> Cruise	
<input checked="" type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input checked="" type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input checked="" type="checkbox"/> Unknown / NA	
Airspace where the accident/incident occurred (Check all that apply)					
<input checked="" type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence:	
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input checked="" type="checkbox"/> Airport Advisory Area	<input checked="" type="checkbox"/> Air Traffic Control Area	<u>Unknown</u> ft msl	
<input checked="" 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 checked="" type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA			
<input checked="" type="checkbox"/> Class E	<input checked="" type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply)			Weather Observation Facility		
<input checked="" type="checkbox"/> National Weather Service	<input checked="" type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	Facility ID: <u>N/A</u>	
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	Observation Time: <u>N/A</u>	
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> On-Board Weather		Time Zone: <u>N/A</u>	
				Distance from Accident Site: <u>N/A</u> nm	
				Direction from Accident Site: <u>N/A</u> degrees true	
Basic Conditions		Light Condition			
<input checked="" type="radio"/> VMC	<input type="radio"/> IMC	<input type="radio"/> Day	<input type="radio"/> Dusk	<input type="radio"/> Dark Night	
<input type="radio"/> Unknown		<input type="radio"/> Night	<input type="radio"/> Bright Night	<input type="radio"/> Unknown	
Sky/Lowest Cloud Condition		Ceiling	Temperature: _____ (C) or <u>85</u> (F)		
<input checked="" type="radio"/> Clear	<input type="radio"/> Thin Broken	<input checked="" type="radio"/> None (Clear)	<input type="radio"/> Obscured	Dew Point: _____ (C) or <u>unknown</u> (F)	
<input type="radio"/> Few	<input type="radio"/> Thin Overcast	<input type="radio"/> Broken	<input type="radio"/> Indefinite	Altimeter Setting: <u>29.44</u> in Hg	
<input type="radio"/> Partial Obscuration	<input type="radio"/> Unknown	<input type="radio"/> Overcast	<input type="radio"/> Unknown	or _____ MB	
<input type="radio"/> Scattered		Ceiling Height			
Lowest Cloud Condition Height	_____ ft agl	_____ ft agl			
Wind Direction	Wind Speed	Wind Gusts	Visibility <u>10</u> miles		
<input type="checkbox"/> Variable	<input type="checkbox"/> Calm	<input checked="" type="checkbox"/> Not Gusting	RVR: <u>N/A</u> feet		
-or- Direction: <u>090</u> degrees true	<input type="checkbox"/> Light and Variable	-or- Speed: _____ kts	RVV: <u>N/A</u> miles		
	Speed: <u>10-15</u> kts	Speed: _____ kts	Density Altitude: <u>Unknown</u> ft		
Intensity of Precipitation	Type of Precipitation (Check all that apply)		Restriction to Visibility (Check all that apply)		
<input type="radio"/> Light	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Drizzle	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	
<input type="radio"/> Moderate	<input type="checkbox"/> Rain	<input checked="" type="checkbox"/> Ice Pellets	<input checked="" type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	
<input type="radio"/> Heavy	<input checked="" type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Blowing Sand	<input checked="" type="checkbox"/> Haze	
<input type="radio"/> N/A	<input checked="" type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	
<input type="radio"/> Unknown	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals	<input checked="" type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	
			<input type="checkbox"/> Dust	<input checked="" type="checkbox"/> Unknown	
Icing Forecast		Icing Actual		Turbulence	
Amount	Type	Amount	Type	Type (Check all that apply)	
<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input checked="" type="checkbox"/> None	
<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="checkbox"/> Clear Air	
<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Light	<input type="radio"/> Clear	<input checked="" type="checkbox"/> Terrain-Induced	
<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="checkbox"/> Convective Turbulence	
<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="checkbox"/> Severe	
<input type="radio"/> Unknown		<input type="radio"/> Unknown		<input type="checkbox"/> Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>N/A</u>					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="radio"/> None <input checked="" type="radio"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> Unknown	Aircraft Fire <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	Aircraft Explosion <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> Damage to left float attach point at the tubular structure. Damage to the bottom of the left float.		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>		
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.		
<p>On 05/31/2020 while en route to Fire 123, listening on the air to ground, I heard the smoke jumpers talking to B-9 about concerns with their gear being too close to the fire line. After performing a thorough recon of the river close to the fire and deeming it unsuitable for scooping my wingman and I made the decision to scoop a short lake, 4 miles north of Fire 123. No obstructions noted in the water, and no obstacles noted on the approach end of the lake, a small hill (maybe 20'), was located at the departure end of the lake. We were consistently able to pull 400 to 500 gal loads. On departure with load 12, I made contact with the hill. I radioed FB-211 and advised him that I had made contact with terrain. I had a strong smell of fuel, at which point I jettisoned the load, and informed B-9 of the situation, all 3 aircraft (FB-211,FB-214,B-9) proceeded direct to PAUN. Landing was uneventful.</p> <p>In retrospect, I should have decreased the size of the loads when the wind speed started to diminish. I should have also jettisoned the load earlier, at the go/no go point. (The go/no go point, is a point during the scoop at which if not airborne, the scoop should be aborted and the load should be jettisoned). I also let my eagerness to help the jumpers protect their gear influence my decision to try and successfully complete the scoop. I should have just taken the extra two minutes to go around and try again.</p> <p>Wind conditions, I'm guessing 25kts initially, decreased to 10 to 15kts.</p> <p>Lake location: N63.90598, W160.25453</p>		

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

Operator/Owner Safety Recommendation
 Further training required

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

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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) 135 _____ Gallons	Fuel Type <input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input type="radio"/> 100 Low Lead <input checked="" type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive
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Other Services, if Any, Prior to Departure
 N/A

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
 N/A

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

Aircraft Registration Number N/A	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input checked="" type="checkbox"/> Minor <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> 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 <u>06/05/2020</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Aldo Leonardi</u> Signature: _____ -- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: <u>John Mills</u>	Title: <u>ASI</u>
Signature: _____	
-- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No. <u>ANC20CA052</u>	Reviewed by NTSB Regional Office <u>ANC</u>	Name of Investigator <u>Eric Swenson</u>	Date Report Received <u>06/10/2020</u>
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