

# NATIONAL TRANSPORTATION SAFETY BOARD

## PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

### BASIC INFORMATION

<b>ACCIDENT/INCIDENT LOCATION:</b> <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip	<b>ACCIDENT/INCIDENT LOCATION:</b> Nearest City/Place: <u>Seldovia</u> State: <u>AK</u> Zip: <u>99663</u> Latitude: <u>59°26'</u> Longitude: <u>W 151°42'</u>	<b>DATE/TIME:</b> Date: <u>10/7/2009</u> Day of week: <u>Wed</u> Local Time: <u>7:15</u> Time Zone: <u>Alaska</u>
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### PHASE OF OPERATION:

<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff (including initial climb)	<input checked="" type="checkbox"/> Cruise	<input type="checkbox"/> Approach	<input type="checkbox"/> Hover/Maneuvering
<input type="checkbox"/> Taxi	<input type="checkbox"/> Climb	<input type="checkbox"/> Descent	<input type="checkbox"/> Landing	<input type="checkbox"/> Altitude of In-Flight occurrence <u>700</u> Feet MSL

### AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

<b>PROXIMITY TO AIRPORT:</b>			
<input type="checkbox"/> On Approach	<input type="checkbox"/> Downwind	<input type="checkbox"/> Final	<input type="checkbox"/> Go Around
<input type="checkbox"/> Crosswind	<input type="checkbox"/> Base leg	<input type="checkbox"/> Landing	

Airport Name: \_\_\_\_\_  
 Identifier: \_\_\_\_\_  
 Distance From Airport Center: \_\_\_\_\_ SM  
 Direction From Airport: \_\_\_\_\_ Magnetic

### RUNWAY INFORMATION:

Runway ID: \_\_\_\_\_  
 Length: \_\_\_\_\_  
 Width: \_\_\_\_\_  
 Apt. Elev: \_\_\_\_\_ Ft. MSL

### RUNWAY/LANDING SURFACE:

<input type="checkbox"/> Macadam	<input type="checkbox"/> Grass/Turf
<input type="checkbox"/> Asphalt	<input type="checkbox"/> Snow
<input type="checkbox"/> Concrete	<input type="checkbox"/> Ice
<input type="checkbox"/> Gravel	<input type="checkbox"/> Water
<input type="checkbox"/> Dirt	

### RUNWAY/LANDING SURFACE CONDITION:

<input type="checkbox"/> Dry	<input type="checkbox"/> Snow-Crusted	<input type="checkbox"/> Rubber Deposits
<input type="checkbox"/> Wet	<input type="checkbox"/> Snow-Compacted	<input type="checkbox"/> Soft
<input type="checkbox"/> Ice Patches	<input type="checkbox"/> Vegetation	<input type="checkbox"/> Rough
<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Water-Calm	<input type="checkbox"/> Slush
<input type="checkbox"/> Snow-Dry	<input type="checkbox"/> Water-Choppy	<input type="checkbox"/> Holes
<input type="checkbox"/> Snow-Wet	<input type="checkbox"/> Water-Glassy	<input type="checkbox"/> Muddy

### APPROACH INFORMATION

#### IFR APPROACH

<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> ILS-Complete	<input type="checkbox"/> MLS	<input type="checkbox"/> Visual
<input type="checkbox"/> SDF	<input type="checkbox"/> ILS-Localizer	<input type="checkbox"/> LDA	<input type="checkbox"/> Contact
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> ILS-Back course	<input type="checkbox"/> ASR	<input type="checkbox"/> Circling
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> RNAV	<input type="checkbox"/> PAR	<input type="checkbox"/> Practice
<input type="checkbox"/> TACAN	<input type="checkbox"/> GPS	<input type="checkbox"/> Sidestep	

#### VFR APPROACH

<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Full Stop
<input type="checkbox"/> Straight-In	<input type="checkbox"/> Stop 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"/> Touch and Go	<input type="checkbox"/> Precautionary Landing

### AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>4206F</u> Max Gross Wt: <u>3600</u> Lbs	Homebuilt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Serial No.: <u>U20603074</u> Empty Wt: <u>2140</u> Lbs	<b>CATEGORY OF AIRCRAFT:</b> <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Ultralight <input type="checkbox"/> Gyroplane <input type="checkbox"/> Other
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### TYPE OF AIRWORTHINESS CERTIFICATE

<b>STANDARD</b> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <input type="checkbox"/> Experimental	<b>SPECIAL</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight
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### LANDING GEAR

<input checked="" type="checkbox"/> Tricycle - Fixed	<input type="checkbox"/> Hull	<input type="checkbox"/> High Skid
<input type="checkbox"/> Tricycle - Retractable	<input type="checkbox"/> Float	<input type="checkbox"/> Tandem
<input type="checkbox"/> Tailwheel - All Fixed	<input type="checkbox"/> Emerg. Float	<input type="checkbox"/> Other _____
<input type="checkbox"/> Tailwheel - All Retractable	<input type="checkbox"/> Ski	
<input type="checkbox"/> Tailwheel - Retractable Mains	<input type="checkbox"/> Ski/Wheel	
<input type="checkbox"/> Amphibian	<input type="checkbox"/> Skid	

### STALL WARNING SYSTEM INSTALLED

☒ Yes ☐ No

### IFR EQUIPPED

☐ Yes ☒ No

### ENGINE TYPE

<input type="checkbox"/> Reciprocating - Carburetor	<input type="checkbox"/> Turbo Prop	<input type="checkbox"/> Turbo Fan
<input checked="" type="checkbox"/> Reciprocating - Fuel Injected	<input type="checkbox"/> Turbo Jet	<input type="checkbox"/> Turbo Shaft
<input type="checkbox"/> Reciprocating - Turbocharged		

### TYPE OF PROPELLER

☒ Controllable Pitch  
☐ Fixed Pitch

### NUMBER OF SEATS

Flight Crew 1 Passenger 8  
 Cabin Crew 5

Engine Manufacturer <u>Teledyne Continental</u>		Engine Model/Series <u>IO-520-F</u>		Engine Rated Power <u>300</u> Horsepower or ____ Lbs of Thrust		Type of Fire Extinguishing System Used <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul		
Engine No. 1	<u>N/A</u>	<u>081835-R</u>	<u>6364.9</u> Hours	<u>52.6</u> Hours	<u>1176.6</u> Hours		
Engine No. 2			Hours	Hours	Hours		
Engine No. 3			Hours	Hours	Hours		
Engine No. 4			Hours	Hours	Hours		

<b>Type of Maintenance Program</b> <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Homebuilt) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Specify _____		<b>Last Inspection</b> <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <b>Type</b>  <input type="checkbox"/> Annual  <input type="checkbox"/> 100 Hour  <input type="checkbox"/> AAIP  <input checked="" type="checkbox"/> Continuous Airworthiness  <input type="checkbox"/> Condition Inspection         </div> <div style="width:50%;">           Date Performed (M/D/Y) <u>9/25/09</u>             Airframe Total Time at Last Inspection <u>1333.6</u> Hours             Airframe Time Since Last Inspection <u>56.9</u> Hours         </div> </div>	
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Emergency Locator Transmitter (ELT)	ELT Manufacturer <u>Artex</u>	Model/Series <u>ME406</u>	Serial Number <u>ADCC40799400261</u>	Battery Date (M/D/Y) <u>3-1-13</u>
	Switch <input type="checkbox"/> On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Armed	Operated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aided In Accident Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown/NA	Battery Type (Alkaline, <u>Lithium</u> , etc.)

**OWNER/OPERATOR INFORMATION**

Registered Aircraft Owner <u>Meridian Aviation Services</u>		City <u>Anchorage</u> State <u>Alaska</u>	
Operator of Aircraft  <input type="checkbox"/> Same As Registered Owner		City/State  <input type="checkbox"/> Same As Registered Owner	
Name <u>James Christensen</u>		<u>Homer</u>	
Doing Business As: _____		<u>Alaska</u>	

Air Carrier/Operator Designator (4 Character Designator)

<b>Type of Operation</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 133	<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> <input type="checkbox"/> Scheduled/Commuter <input type="checkbox"/> Non Scheduled/Air Taxi	<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Purpose of Flight (FAR 91, 103, 133, 137)</b> <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Business <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Other _____	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> International	<input type="checkbox"/> Cargo <input checked="" type="checkbox"/> Passenger
	<input type="checkbox"/> Passenger (How many? <u>8</u> ) <input type="checkbox"/> Cargo ( <u>8</u> lbs.) <input type="checkbox"/> Other (Specify) <u>8</u>	
		<b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>Public Use</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Type of Certificate(s) Held**

<b>Air Carrier Operating Certificate</b> <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental (121)	<input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135)	<input type="checkbox"/> Other Operator of Large Aircraft (125) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137)
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PILOT "A" INFORMATION											
Pilot Name <u>James Christensen</u>				City <u>Homer</u> State <u>AK</u>				Nationality <u>USA</u>			
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Private		<input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport		<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Military <input type="checkbox"/> Foreign		<input type="checkbox"/> None <input type="checkbox"/> Other _____			
Rating(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Free Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Gyroplane			Instrument Rating(s) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter			Instructor Rating(s) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider		
Type Ratings/Student Endorsements (With Dates)				Date of Last Flight Review Or Equivalent Including FAR 121/135 Checks (M/D/Y)				Flight Review Aircraft Make <u>Cessna</u> Model <u>206</u>			
Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 1		<input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Class 3		Date of Last Medical (M/D/Y) <u>10/22/08</u>		Limitations <u>Corrective lens</u>		Age <u>28</u>		Principal Occupation <u>Pilot</u>	
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center <input type="checkbox"/> Front <input type="checkbox"/> Rear		Person Manipulating Controls At Time Of Accident <input checked="" type="checkbox"/> First Pilot <input type="checkbox"/> Second Pilot <input type="checkbox"/> Both Pilots <input type="checkbox"/> Non-Pilot <input type="checkbox"/> No One				Seat Belt Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				Who was pilot in command? <u>James Christensen</u>							
Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Source of Pilot Flight Time Information <input checked="" type="checkbox"/> Pilot Logbook <input type="checkbox"/> Pilot/Operators Estimate <input type="checkbox"/> FAA Records <input type="checkbox"/> Company <input type="checkbox"/> Specify _____					
Flight Time	ALL A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
						Actual	Simulated				
Total Time	<u>6743.4</u>	<u>3317.0</u>	<u>6725.2</u>	<u>18.2</u>	<u>101.9</u>	<u>2.7</u>	<u>64.0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Pilot In Command (PIC)		<u>3317.0</u>	<u>64075</u>	<u>1.4</u>	<u>60</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	
Instructor	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	
This Make/Model					<u>0</u>	<u>0</u>	<u>0</u>				
Last 90 Days	<u>100</u>	<u>100</u>	<u>100</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	
Last 30 Days	<u>60</u>	<u>60</u>	<u>60</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	
Last 24 Hours	<u>5</u>	<u>5</u>	<u>5</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	
FLIGHT ITINERARY INFORMATION											
Last Departure Point Airport ID <u>PAHO</u> City <u>Homer</u> State <u>AK</u>			Time of Departure Time <u>7:00 PM</u> Time Zone <u>Alaska</u>		Destination Airport ID _____ City <u>Dogfish Bay</u> State <u>AK</u>			Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR/IFR <input checked="" type="checkbox"/> Company <input type="checkbox"/> Military			
Type of ATC Clearance/Service <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR <input type="checkbox"/> Special VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> VFR On Top <input type="checkbox"/> Cruise <input type="checkbox"/> Traffic Advisory											
Airspace where the accident occurred <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Demo Area <input type="checkbox"/> Warning Area <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area <input type="checkbox"/> Military Operating Area (MOA) <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Student Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93 <input type="checkbox"/> Special											
Load Description <input checked="" type="checkbox"/> None <input type="checkbox"/> Passengers <input type="checkbox"/> Cargo <input type="checkbox"/> Towing Glider <input type="checkbox"/> Other External <input type="checkbox"/> Parachutists <input type="checkbox"/> Water <input type="checkbox"/> Chemical <input type="checkbox"/> Livestock <input type="checkbox"/> Other _____											

**PILOT "B" INFORMATION****Pilot "B" Responsibilities at the Time of Accident**☐ Co-Pilot    ☐ Dual Student    ☐ Safety Pilot    ☐ Check Pilot    ☐ None (Pilot-Rated Passenger)**Pilot Name****City****State****Nationality****Certificate(s)**☐ Student    ☐ Commercial    ☐ Flight Instructor    ☐ Military    ☐ None  
☐ Private    ☐ Airline Transport    ☐ Flight Engineer    ☐ Foreign    ☐ Other \_\_\_\_\_**Rating(s)**☐ None    ☐ Helicopter  
☐ Single-Engine Land    ☐ Glider  
☐ Single-Engine Sea    ☐ Free Balloon  
☐ Multiengine Land    ☐ Airship  
☐ Multiengine Sea    ☐ Gyroplane**Instrument Rating(s)**☐ None  
☐ Airplane  
☐ Helicopter**Instructor Rating(s)**☐ None    ☐ Instrument Airplane  
☐ Airplane Single-Engine    ☐ Instrument Helicopter  
☐ Airplane Multiengine    ☐ Ground Instructor  
☐ Helicopter    ☐ Glider  
☐ Specify \_\_\_\_\_**Type Ratings/Student  
Endorsements (With Dates)****Date of Last Flight Review  
Or Equivalent (M/D/Y)****Flight Review Aircraft**

Model \_\_\_\_\_ Make \_\_\_\_\_

**Medical Certificate**☐ None    ☐ Class 2  
☐ Class 1    ☐ Class 3**Date of Last Medical  
(M/D/Y)****Limitations****Age****Waivers****Principal Occupation****Degree of Injury**☐ None  
☐ Minor  
☐ Serious  
☐ Fatal**Seat Occupied**☐ Left    ☐ Front  
☐ Right    ☐ Rear  
☐ Center**Person Manipulating Controls At Time Of Accident**☐ First Pilot    ☐ Non-Pilot    ☐ No One  
☐ Second Pilot    ☐ Both Pilots

Who was pilot in command?

**Seat Belt Available**☐ Yes  
☐ No**Seat Belt Used**☐ Yes  
☐ No**Shoulder Harness  
Available**☐ Yes  
☐ No**Shoulder Harness Used**☐ Yes  
☐ No**Source of Pilot Flight Time Information**☐ Pilot Logbook    ☐ Company  
☐ Pilot/Operator Estimate    ☐ Specify \_\_\_\_\_  
☐ FAA Records**Flight Time**

All A/C

This Make  
& ModelAirplane  
Single EngineAirplane  
Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter  
Than Air

Total Time

Pilot In Command (PIC)

Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

**OTHER PERSONNEL / PASSENGERS(S)**

(If more space is needed, continue on separate sheet)

Name	Seat	Address (City & State ONLY)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury
1.											
2.											
3.											
4.											
5.											
6.											

WEATHER INFORMATION AT THE ACCIDENT SITE																	
<b>Source of Weather information</b> (Pilot/Operator, Weather Observation Facility) <div style="font-size: 1.2em; margin-top: 5px;">Pilot</div>		<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Daylight <input type="checkbox"/> Bright Night		<b>Visibility</b> <div style="font-size: 1.2em; margin-top: 5px;">+6</div> Miles	<b>Temp</b> ____ (C) or ____ (F)												
<b>Dew Point</b> ____ (C) or ____ (F)	<b>Altimeter Setting</b> ____ MB or ____ HG	<b>Sky/Lowest Cloud Condition</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Clear  <input type="checkbox"/> Few _____ Feet AGL  <input type="checkbox"/> Scattered _____ Feet AGL  <input type="checkbox"/> Broken _____ Feet AGL             </div> <div> <input type="checkbox"/> Overcast _____ Feet AGL  <input type="checkbox"/> Partial Obscuration  <input type="checkbox"/> Obscuration-Vertical Visibility _____ Ft. AGL             </div> </div>															
<b>Wind Information</b> Direction _____ True or _____ Mag Velocity _____ KTS Gusts _____ KTS		<b>Density Altitude</b> _____ Feet	<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Specify _____														
<b>Restriction to Visibility</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Mist <input type="checkbox"/> Other _____ <input type="checkbox"/> Ice Fog		<b>Type of Precipitation</b> <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Other _____		<b>Icing</b> <table style="width:100%; border: none;"> <tr> <th style="text-align: left; border: none;">FORECAST</th> <th style="text-align: left; border: none;">ACTUAL</th> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> None</td> <td style="border: none;"><input checked="" type="checkbox"/> None</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trace</td> <td style="border: none;"><input type="checkbox"/> Trace</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Light</td> <td style="border: none;"><input type="checkbox"/> Light</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Moderate</td> <td style="border: none;"><input type="checkbox"/> Moderate</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Severe</td> <td style="border: none;"><input type="checkbox"/> Severe</td> </tr> </table>		FORECAST	ACTUAL	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Trace	<input type="checkbox"/> Trace	<input type="checkbox"/> Light	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe
FORECAST	ACTUAL																
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None																
<input type="checkbox"/> Trace	<input type="checkbox"/> Trace																
<input type="checkbox"/> Light	<input type="checkbox"/> Light																
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate																
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe																
<b>Source of Weather Briefing</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> PATWAS/ATIS <input type="checkbox"/> Military <input type="checkbox"/> Voice Response System <input type="checkbox"/> DUAT <input type="checkbox"/> Other _____		<b>Method of Briefing</b> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio		<b>Weather Observation Facility</b> <input type="checkbox"/> Facility ID: _____ <input type="checkbox"/> Obs Time: _____ <input type="checkbox"/> Time Zone: _____ <input type="checkbox"/> Distance from Accident Site: _____ <input type="checkbox"/> Direction from Accident Site: _____													
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Standard <input type="checkbox"/> Abbreviated <input type="checkbox"/> Outlook <input type="checkbox"/> Limited By Pilot <input type="checkbox"/> Limited By Briefer <input type="checkbox"/> Full		<b>Turbulence (Multiple entry)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme <input type="checkbox"/> In Clouds <input type="checkbox"/> Light Chop <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Vicinity of Thunderstorm <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate Chop															
Notams, Airmets, Sigmet																	
FUEL & SERVICES INFORMATION																	
<b>Fuel on Board at Last Takeoff</b> <div style="font-size: 1.2em; margin-top: 5px;">80 Gals</div> Gallons or _____ Pounds		<b>Fuel Type</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 80/87    <input checked="" type="checkbox"/> 100 Low Lead    <input type="checkbox"/> 100/130             </div> <div> <input type="checkbox"/> 115/145    <input type="checkbox"/> Jet A    <input type="checkbox"/> Automotive             </div> <div> <input type="checkbox"/> JP3    <input type="checkbox"/> JP4    <input type="checkbox"/> JP5             </div> </div> <input type="checkbox"/> Specify _____															
<b>Other Services, If Any, Prior to Departure</b>  																	
DAMAGE TO AIRCRAFT AND OTHER PROPERTY																	
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed		<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight		<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight													
<b>Description of Damage to Aircraft and Other Property</b> <div style="font-size: 1.2em; margin-left: 20px;">Dent to leading edge of Right side wing near wingtip</div>																	
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)																	
<input checked="" type="checkbox"/> No    If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure. <input type="checkbox"/> Yes			<b>Total Time/Cycles On Part</b> _____ Hours		<b>Time Since This Part Inspected/Overhauled</b> _____ Hours												

**ADDITIONAL FLIGHT CREW MEMBERS****(For Each Additional Flight Crew Member, Exclusive of Cabin Attendants, Complete the Following Information)**

<b>Pilot (C) Name</b>	<b>City/State (ONLY)</b>	<b>Crew Position</b>
<b>Certificate(s)</b> <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____		
<b>Ratings/Endorsements</b>	<b>Total Flight Time at the Time of This Accident/Incident</b>	
<b>Pilot (D) Name</b>	<b>City/State (ONLY)</b>	<b>Crew Position</b>
<b>Certificate(s)</b> <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____		
<b>Ratings/Endorsements</b>	<b>Total Flight Time at the Time of This Accident/Incident</b>	
<b>Pilot (E) Name</b>	<b>City/State (ONLY)</b>	<b>Crew Position</b>
<b>Certificate(s)</b> <input type="checkbox"/> Student <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Specify _____		
<b>Ratings/Endorsements</b>	<b>Total Flight Time at the Time of This Accident/Incident</b>	

**COLLISION ACCIDENT (If Air or Ground Collision Occurred, Complete the Information for Other Aircraft)**

<b>Registration</b>	<b>Aircraft Manufacturer</b>	<b>Aircraft Make/Model</b>	<b>Degree of Aircraft Damage</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
<b>Registered Aircraft Owner</b>		<b>City/State (ONLY)</b>	
<b>Pilot (F) Name</b>		<b>City/State (ONLY)</b>	

**EVACUATION OF AIRCRAFT****Assistance Received**

<input type="checkbox"/> None	<input type="checkbox"/> Rope	<input type="checkbox"/> Specify _____
<input type="checkbox"/> Outside Person(s)	<input type="checkbox"/> Slide	<input type="checkbox"/> Ladder

**Method of Exit**

Describe which exits were used and how many passengers evacuated from each.

**RECOMMENDATION (How Could This Accident Have Been Prevented?)**

Operator/Owner Safety Recommendation (Optional)

# NARRATIVE HISTORY OF FLIGHT (Please Type or Print in Ink)

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

Flight departed Homer around 7:00 PM local time approx 15 minutes into flight (Bound for Dogfish Bay) Pilot heard a slight thump. Upon looking out right wing noticed damage to right wing from Birdstrike. Determining to return to Homer. Landing at Homer approx 7:30 local. Incident occurred approx 1 mile west of Seldovia Pt. at 700 feet MSL

**NARRATIVE HISTORY OF FLIGHT -cont (Please Type or Print in Ink)**

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.



**NARRATIVE HISTORY OF FLIGHT - cont (Please Type or Print in Ink)**

Describe what occurred in chronological order, the circumstances leading to the accident and the nature of the accident. Describe the terrain and include a sketch of wreckage distribution if pertinent. Attach extra sheets if more space is needed. State point of departure, time of departure, intended destination and services obtained.

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

Date of this Report

10-23-09

Signature of Pilot/Operator

Signature of Person Filing Report If Other than Pilot/Operator

1. Signature

2. Type or Print Name

3. Title

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ANCLOCA003

Reviewed by NTSB Office Located At

Anchorage, Alaska

Name of Investigator

Johnson

Date Report Received

10/27/09

# PILOT CERTIFICATE INFORMATION

Aircraft Registration Number:

Pilot A Name: *James Earl Christensen*

Pilot Certificate Number: [REDACTED]

Pilot B Name:

Pilot Certificate Number:

Pilot C Name:

Pilot Certificate Number:

Pilot D Name:

Pilot Certificate Number:

Pilot E Name:

Pilot Certificate Number:

**COLLISION ACCIDENT** (If Air or Ground Collision Occurred, Complete the Information for Other Aircraft Pilot)

Aircraft Registration Number:

Pilot F Name:

Pilot Certificate Number: