

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

Accident/Incident Location		Date/Time	
Nearest City/Place: <u>STERLING</u> State: <u>AK</u>		Date: <u>02/22/2011</u> Local Time: <u>1715</u>	
ZIP: <u>99672</u> Country: <u>USA</u>		mm/dd/yyyy	
Latitude: <u>60-33-19N</u> (dd:mm:ss N/S) Longitude: <u>150-50-33W</u> (ddd:mm:ss E/W)		Time Zone: <u>AK DAYLIGHT</u>	

Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
<input type="checkbox"/> Standing <input type="checkbox"/> Taxi <input type="checkbox"/> Descent	<input type="checkbox"/> Takeoff (Incl. initial climb) <input checked="" type="checkbox"/> Climb <input type="checkbox"/> Landing	<input type="checkbox"/> Cruise <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approach	<input type="checkbox"/> Hover <input type="checkbox"/> Other <input type="checkbox"/> Unknown
		<input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<u>600 ft MSL</u>

AIRCRAFT INFORMATION

Manufacturer: <u>PIPER</u>		Max Gross Weight: <u>1,750</u> lbs
Model: <u>PA-18-150</u>		Weight at Time of Accident/Incident: <u>1,600</u> lbs
Serial Number: <u>18-8090</u>		Location of Center of Gravity at Time of Accident/Incident:
Registration Number: <u>N623MP</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>UNK</u> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum
		-or- Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)	Number of Seats: <u>2</u>	Landing Gear <input type="checkbox"/> Retractable
<input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Aerobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	If Large Aircraft, how many seats for: Flight Crew: <u>N/A</u> Cabin Crew: _____ Passengers: _____	Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input 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"/> Unknown

Type of Maintenance Program	Last Inspection Type	Date Last Inspection: <u>UNK</u>
		mm/dd/yyyy
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> 100 Hour <input type="checkbox"/> AAIP <input type="checkbox"/> Annual <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Unknown	Airframe Total Time: <u>2,500</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident

IFR Equipped	Stall Warning System Installed	Type of Fire Extinguishing System
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____

ELT Installed	ELT Activated	ELT Manufacturer: <u>UNK</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ELT Aided in Locating Accident/Incident		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Model/Serial: _____
		Serial Number: _____
		Battery Type: _____ Battery Exp. Date: <u>2012</u>

Engine Type	Reciprocating Fuel System Type	Propeller
<input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Prop	<input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch
	<input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Manufacturer: <u>MCCAULEY</u> Model: <u>GM8241</u>

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	LYCOMING	O-320			150			
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>JOHNSON, JOHNNY L</u>		Owner Address City: <u>KENAI</u> State: <u>ALASKA</u> ZIP: <u>99811</u> Country: <u>USA</u>
Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>KENAI</u> State: <u>ALASKA</u> ZIP: <u>99811</u> Country: <u>USA</u>
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: <u>JOHNSON, JOHNNY L</u>		
Doing Business As: <u>PRIVATE ACFT</u> Air Carrier/Operator Designator (4 Character Code): _____		
Regulation Flight Conducted Under <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 </div> <div style="width: 33%;"> <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Armed Forces </div> <div style="width: 33%;"> <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown </div> </div>		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International
Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft		
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number <u>N/A</u>	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (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
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

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

PROP, SPINNER, NOSE BOWL, FRONT AND REAR LIFT STRUTS RIGHT WING, TOP OF RUDDER.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: 40AK Distance From Airport Center: 1 SMAirport Name: STERLING AIR PARK Direction From Airport: 70 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 90 ft. MSL**Approach Segment** (Select one)
☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☒ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)
IFR Approach (Check all that apply)
☐ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling
VFR Approach (Check all that apply)
☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown
Runway InformationRunway ID: L (L/R/C) Length: 1,600 ft Width: 75 ft**Runway/Landing Surface** (Check all that apply)
☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☒ Gravel ☐ Metal/Wood ☐ Unknown
☒ Dirt ☒ Ice ☒ Snow
Condition of Runway/Landing Surface (Check all that apply)
☐ Dry ☒ Snow-Compacted ☐ Water-Calm
☐ Holes ☒ Snow-Crusted ☐ Water-Choppy
☒ Ice Covered ☒ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation
FLIGHT ITINERARY INFORMATION**Last Departure Point**Airport ID: 40AKCity: STERLINGState: AKCountry: USA**Time of Departure**Time: 1710Time Zone: ADT**Destination**Airport ID: 40AKCity: STERLINGState: AKCountry: USA**Type Flight Plan Filed**
☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No**Type of ATC Clearance/Service** (Check all that apply)
☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
Airspace where the accident/incident occurred (Check all that apply)
☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☒ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area
Aircraft Load Description (Check all that apply)
☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds
FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

25 Gallons**Fuel Type**
☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5
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

BEING INVERTED, WE BOTH EXCHANGED COMMENTS TO EACH OTHER ABOUT OUR CONDITION WHICH WAS OK FOR EACH OF US. I SUPPORTED MY SELF AND RELEASED THE BELT RESTRAINTS AND EXITED THE MAIN DOOR AND ACROSS THE LEADING EDGE OF THE WING. THE PASSENGER DID THE SAME.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: KENAI FSS

Observation Time: _____

Time Zone: _____

Distance from Accident Site: 10 NM

Direction from Accident Site: 90 degrees MAG

Source of Weather Information

(Check all that apply)

- ☐ National Weather Service
☒ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☒ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☒ Unknown

Briefing Type/Completeness

- ☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☒ Not Pertinent

Light Condition

- ☐ Dawn
☐ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

40 miles

Sky/Lowest Cloud Condition

- ☒ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling

- ☒ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

- ☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height

ft AGL

Ceiling Height

ft AGL

Wind Direction

☐ Indicated:
 _____ degrees MAG

☒ Variable

Wind Speed

Velocity: _____ KTS

-or-

- ☒ Calm
☐ Light and Variable

Wind Gusts

Velocity: _____ KTS

- ☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, FIREPs in effect at the time of the accident/incident

N/A

Temperature: _____ (C)
 or 10 (F)

Altimeter Setting: _____ in. HG
 or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
 or _____ (F)

Icing Forecast

- Amount
☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

- Type
☐ Rime
☐ Clear
☐ Mixed

Icing Actual

- Amount
☐ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

- Type
☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: JAMES City: <u>STERLING</u> Middle Initial: W State: <u>AK</u> ZIP: <u>99672</u> Last Name: <u>GEESLIN, JR</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>60</u> Date of Birth: <u>1960</u> Certificate Number: <u> </u>																																																																																																				
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious		Seat Occupied <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single		Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																														
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		Date of Last Medical <u>08/21/2008</u> <i>mm/dd/yyyy</i>																																																																																													
Medical Certificate Limitations NOT SURE ABOUT DATE OF LAST PHYSICAL. CLASS III CERTIFICATE NOT LEGIBLE BUT WAS CONFIRMED BY COREY HOWETT FAA REP. THAT IT IS NOT DUE TILL THIS SUMMER. LIMITATIONS: I BELIEVE ARE RESTRICTED TO GLASSES FOR CLOSE UP VISION.																																																																																																				
Medical Certificate Waivers NONE																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>02/24/2011</u> <i>mm/dd/yyyy</i>			Flight Review Aircraft Make: <u>EXPERIMENTAL</u> Model: <u>SPORTSMAN 2+2</u>																																																																																																	
Airplane Rating(s) (Check all that apply) <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		Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free 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 checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input 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																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1,500</td> <td>1,300</td> <td>1,500</td> <td>0</td> <td>5</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1</td> <td>1</td> <td>1,440</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td>15</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	1,500	1,300	1,500	0	5	0	1	0	0	0	Pilot in Command (PIC)	1	1	1,440								Time as Instructor											This Make/Model											Last 90 Days		15									Last 30 Days											Last 24 Hours										
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PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "B" Identification <div style="display: flex; justify-content: space-between;"> <div> First Name: <u>N/A</u> Middle Initial: _____ Last Name: _____ </div> <div> City: _____ State: _____ ZIP: _____ Country: _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Age at time of Accident/Incident: _____ Date of Birth: <u>mm/dd/yyyy</u> Certificate Number: _____ </div>																																																																																																				
Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Center </div> <div> <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Single </div> <div> <input type="checkbox"/> Unknown </div> </div>			Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor </div> <div> <input type="checkbox"/> Recreational <input type="checkbox"/> Sport </div> <div> <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport </div> <div> <input type="checkbox"/> Flight Engineer <input type="checkbox"/> U.S. Military </div> <div> <input type="checkbox"/> Foreign </div> </div>																																																																																																				
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Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>mm/dd/yyyy</u>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free 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 type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift </div> <div> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div> </div>																																																																																														
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											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										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																				
Pilot Name and Address						Degree of Injury														
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal												
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown												
Last Name: _____			Country: _____			<input type="checkbox"/> Serious														
Pilot Certificate(s) (Check all that apply)						Seat Occupied														
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer												
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military												
<input type="checkbox"/> Foreign																				
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs																
Pilot Name and Address						Degree of Injury														
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal												
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown												
Last Name: _____			Country: _____			<input type="checkbox"/> Serious														
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<input type="checkbox"/> Foreign																				
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs																
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	Non-Occu- pant	
Name and Address																				
First Name: JOHNNY						City: KENAI	REAR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: L						State: AK	ZIP: 99511	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last Name: JOHNSON						Country: USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____						City: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____						State: _____	ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Last Name: _____						Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Middle Initial: _____						State: _____	ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last Name: _____						Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name: _____						City: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Middle Initial: _____						State: _____	ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last Name: _____						Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 time and point of departure, intended destination, and services obtained.

THE AIRCRAFT WAS REASSEMBLED AFTER AND EXTENSIVE REBUILD PROJECT. ONE MAJOR CHANGE WAS INSTALLING THE CUB CRAFTERS HEADERLESS FUEL SYSTEM. ANOTHER SMALLER CHANGE WAS THE MAGNETO SWITCH. THE OLD LEVER TYPE SELECTOR SWITCH WAS IN POOR CONDITION AND A NEW REPLACEMENT IS NO LONGER AVAILABLE. THIS WAS REPLACED WITH INDIVIDUAL TOGGLE SWITCHES WITH GUARDS INSTALLED IN THE SAME LOCATION AS ORIGINAL, ADJACENT TO THE TRIM CONTROL. THE PLANE WAS INITIALLY FUELED WITH 5 GALLONS 100LL FUEL IN EACH TANK TO CHECK FOR LEAKS. THE PLANE WAS TIED OFF AND RUN IN PLACE FOR A PERIOD OF TIME. MAYBE 10 MINUTES ALL TOGETHER INCLUDING FULL POWER FOR 15 TO 20 SECONDS. MORE FUEL WAS ADDED TO BOTH TANKS AND THE RIGHT WING TANK QUICK DRAIN BEGAN TO LEAK. THAT TANK WAS DRAINED AND THE QUICK DRAIN WAS REPLACED WITH A NEW ONE. THE TANK WAS REFILLED WITH NO ADDITIONAL LEAKS.

PREFLIGHT ACFT, BOARDED, STARTED ENGINE, PERFORMED RUN UP. TAXI FOR DEPARTURE TO THE EAST. AT 1710 ADT DEPARTED AK40 TO THE EAST, CLIMBED TO APPROXIMATELY, 600 FEET AGL. ENGINE QUIT. SAW A FIELD STRAIGHT AHEAD, DROPPED THE NOSE, SWITCHED FUEL TANKS FROM BOTH TO LEFT TANK AND CHECKED THE MIXTURE CONTROL. ENGINE NEVER RESPONDED. LINED UP WITH HAY FIELD AND SAT DOWN IN WHAT TURNED OUT TO BE 12 TO 15 INCHES OF SNOW. THE AIRPLANE LEFT MAYBE 80 FEET OF WHEEL TRACKS AND WENT OVER ON IT'S BACK.

THE INTENT OF THE FLIGHT WAS TO CHECK OUT THE RIGGING OF THE WINGS AND RETURN TO THE POINT OF DEPARTURE AK40.

AFTER EXITING THE ACFT, I MADE SURE THE ELT HADN'T BEEN ACTIVATED, TURNED IT TO OFF AND REMOVED THE ANTENNA CONNECTION. I ALSO WENT BACK TO TURN OFF THE MASTER AND MAGNETOS AND DISCOVERED THE MAGNETOS TOGGLES WERE IN THE OFF POSITION. I ASKED THE OWNER/PASSENGER IF HE HAD TURNED THEM OFF AND HIS REPLY WAS NEGATIVE.

I FEEL AT THE TIME OF THE ENGINE FAILURE MY LEFT HAND WAS ON THE THROTTLE AND THE RIGHT HAND ON THE CONTROL STICK. AND THAT I DIDN'T HAVE ANY MORE TIME TO PAY ATTENTION INSIDE THE COCKPIT SO CHECKING THE MAGNETO TOGGLE POSITION WASN'T DONE. I CANNOT EXPLAIN WHY, HOW OR WHEN THE MAGNETO SWITCHES WERE TURN OFF.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

I AM NOT YET CONVINCED THAT THE MAGNETO'S BEING OFF WERE THE CAUSE AS IT IS POSSIBLE I MAY HAVE DONE THIS WHILE STILL STRAPPED INTO THE SEAT, DON'T KNOW. THE OTHER THOUGHT IS SOME KIND OF AIR LOCK IN THE FUEL SYSTEM, CAUSED BY OUR REPAIRING THE FUEL TANK'S QUICK DRAIN AND REFUELING. ONE THING I WOULD RECOMMEND IS MOVING THE MAGNETO SWITCHES TO THE LEFT WING ROOT AWAY FROM THE CONGESTION OF THE PILOT'S SEAT, TRIM CONTROL, CARB/CABIN HEAT AND PASSENGER LEGS.

ADDITIONAL INFORMATION (Please type or print in ink)

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

THIS INCIDENT WAS REPORTED THE NEXT MORNING AND CORY HOWETT WITH THE FAA FLEW DOWN AND DROVE TO THE SITE. BY THAT TIME WE HAD THE ACFT BACK ON IT GEAR AND HE ASKED US TO DRAIN FUEL FROM THE GASOLATOR INTO CONTAINERS. WE PLACED THE FUEL SELECTOR BACK TO THE BOTH TANK POSITION AND WITH A WATER KNOCK OUT FUNNEL WE DRAINED 16 GALLONS FULL FLOW NON STOP. THE AIRCRAFT WAS DISMANTELED AND TRANSPORTED BACK TO THE HANGAR. THE MAGNETO SWITCHES HAVE BEEN CHECKED FOR OPERATION AND NO FAULTS FOUND SO FAR.

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

Date of this Report

02/28/2011

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: JAMES W. GEESLIN JR.

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ANC11CA013

Reviewed by NTSB Regional Office

Anchorage, AK

Name of Investigator

Chris Shaver

Date Report Received

2/28/2011