

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>GCI Communication Corp</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>2550 Denali St, Ste 1000, Anchorage</u> State: <u>AK</u> ZIP: <u>99503-2751</u> Country: <u>USA</u>
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Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
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Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input checked="" 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 Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	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) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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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.) None identified to date.	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input 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
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

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

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ 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 Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

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

Runway/Landing Surface (Check all that apply)
 Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>N/A</u> City: <u>GCI Lodge (Lake Nerka)</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>1427</u> Time Zone: <u>ADT</u>	Destination Airport ID: <u>N/A</u> City: <u>HRM Fish Camp (Nushigak River)</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)
 _____ 100+ 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

None

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.

Surviving passengers were removed from the aircraft by rescuers.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>PADL</u> Observation Time: <u>1442</u> Time Zone: <u>ADT</u> Distance from Accident Site: <u>18</u> NM Direction from Accident Site: <u>357</u> degrees MAG	Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	Method of Briefing (Check all that apply) <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 <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility <u>8.0</u> miles
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Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input checked="" type="checkbox"/> Scattered <input checked="" type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
Lowest Cloud Condition Height <u>700</u> ft AGL	Ceiling Height <u>1,300</u> ft AGL	

Wind Direction <input type="checkbox"/> Indicated: <u>140</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>13</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: <u>18</u> KTS <input checked="" type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

See Attachment 1

Temperature: <u>11</u> (C) or <u> </u> (F) Altimeter Setting: <u>29.57</u> in. HG or <u> </u> MB Density Altitude: <u>175</u> ft Dew Point: <u>9</u> (C) or <u> </u> (F)	Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	Icing Actual Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Intensity of Precipitation <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification
 First Name: Theron ("Terry") City: [REDACTED] Anchorage
 Middle Initial: A State: AK ZIP: 99502
 Last Name: Smith Country: USA
 Age at time of Accident/Incident: 62 Date of Birth: [REDACTED] 1947 Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input checked="" type="checkbox"/> Left <input 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
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Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" 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>12/10/09</u> <small>mm/dd/yyyy</small>
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Medical Certificate Limitations
 Holder shall wear lenses that correct for distant vision and possess glasses that correct for near and intermediate vision.

Medical Certificate Waivers
 None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/12/2010</u> <small>mm/dd/yyyy</small>	Flight Review Aircraft Make: <u>Boeing</u> Model: <u>737</u>
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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 checked="" type="checkbox"/> Multiengine Land <input checked="" 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 checked="" 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 checked="" 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 Lear Jet, Boeing 737 and Grumman G-111	Student Endorsements (Include dates)
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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	<i>Refer to Attachment #2</i>									
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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"/> Foreign <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"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
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
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"/> Foreign <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"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
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
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"/> Foreign <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"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
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)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Injury	Serious Injury	Minor Injury	No Injury	Unknown
First Name: Kevin Middle Initial: _____ Last Name: O'Keefe City: Ashburn State: VA ZIP: 20147 Country: USA	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Corey Middle Initial: T Last Name: Tindall City: Anchorage State: AK ZIP: 99515 Country: USA	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Dana Middle Initial: L Last Name: Tindall City: Anchorage State: AK ZIP: 99515 Country: USA	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Theodore ("Ted") Middle Initial: F Last Name: Stevens City: Girdwood State: AK ZIP: 99587 Country: USA	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: James ("Jim") Middle Initial: W Last Name: Mornard City: Arlington State: VA ZIP: 22205 Country: USA	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Sean Middle Initial: _____ Last Name: O'Keefe City: Ashburn State: VA ZIP: 20147 Country: USA	7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: William ("Willie") Middle Initial: _____ Last Name: Phillips City: Germantown State: MD ZIP: 20874 Country: USA	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: William ("Bill") Middle Initial: D Last Name: Phillips City: Germantown State: MD ZIP: 20874 Country: USA	9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

On August 9, 2010 at approximately 1442 ADT a single engine, turbine powered amphibious float-equipped de Havilland Otter DHC-3T airplane, N455A, impacted alder covered mountainous terrain about ten (10) miles northeast of Aleknagik, Alaska. Of the nine (9) people on board, the airline transport pilot and four (4) passengers died on impact and four (4) passengers sustained injuries. The airplane sustained substantial damage. The flight was operated by GCI Communication Corp ("GCI") with offices at 2550 Denali Street, Suite 1000, Anchorage, Alaska 99503-2751 under the provisions of FAA Part 91. The flight originated at a GCI owned remote fishing lodge on the southwest shore of Lake Nerka at about 1427 ADT and was enroute to HRM, a remote sport fishing camp, on the banks of the Nushagak River about 52 miles southeast of the GCI lodge at the time of the accident.

About 1815, GCI's on-site lodge manager contacted the HRM fish camp to inquire about the airplane's proposed return time and was told that the airplane had not arrived. The lodge manager initiated a phone and radio search for the airplane. Unable to locate the airplane, the GCI lodge manager reported the aircraft overdue to the FAA Flight Service Station in Dillingham at 1859. About 1935 an airborne volunteer search aircraft located the accident airplane near the anticipated flight route at an altitude of about 900 feet msl in the Muklung Hills. Volunteer search members reached the accident site by helicopter. In all, one GCI employee, one medical doctor and three (3) EMTs were able to reach the accident site that night.

The Dillingham Flight Service Station notified the Alaska Department of Public Safety (DPS) and the Alaska Rescue Coordination Center of the accident at about 1950. The RCC dispatched a Blackhawk helicopter with pararescuemen (PJs) and a C-130 airplane to the accident site. In addition, the USCG dispatched a Jayhawk helicopter and C-130 to the accident site.

Poor weather and night conditions prevented military pararescuemen from reaching the accident site until the next morning. The four (4) survivors were transported by military aircraft to Dillingham the morning of August 10, 2010. Later in the morning, the Alaska State Troopers transported the bodies of the pilot and the four passengers that died in the accident to Dillingham.

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

Operator/Owner Safety Recommendation

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 04/01/11 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature:  Type or Print Name: William C. Behnke
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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. ANC10MA068	Reviewed by NTSB Regional Office Anchorage, Alaska	Name of Investigator Johnson	Date Report Received 04/04/11
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Attachment 1
Additional Data to NTSB Form 6120.1
Accident: ANC10MA068

1. Weather data at the accident site is believed to have been VFR.
2. The entire Section titled *Weather Information At The Accident Site* has been filled out using data derived from an AWOS-3 at the Dillingham Airport (PADL), which is located 18 miles south west of the accident site.
 - a. According to information provided by the FAA, the PADL AWOS-3 reported at 1442, wind direction of 140° (magnetic), wind speed of 13 knots, wind gust of 18 knots, visibility of 8 miles, thunderstorm information missing, broken cloud base at 700 feet above ground level, overcast cloud base at 1,300 feet above ground level, temperature of 11°C, dew point of 9°C, altimeter setting of 29.57 inches of mercury, 3-minute precipitation of 31 hundredths of an inch, daytime, not receiving lightning data, no error flags for the PADL AWOS-3 system aside from missing thunderstorm and lightning information.
 - b. In addition to the AWOS-3 data referenced above, a NWS certified weather observer at 1422, reported *PADL wind from 170° at 10 knots gusting to 17 knots, visibility of 3 miles in light rain with mist, scattered clouds at 800 feet, ceiling overcast at 1,300 feet, temperature 11° Celsius (C), dew point temperature 9°C, altimeter setting 29.57 inches of Mercury. Remarks: lowest cloud layer varying between scattered and broken.*
 - c. NOTAMs – According to information provided by the FAA, the PADL AFIS recording prior to the accident aircraft's departure which remained current until after the accident time indicated *"NOTAMS, birds in the vicinity of the airport, a couple of cranes near the north end of the runway west side in the low grassy area, seagulls and eagles to the south end...personnel [and] equipment working sweeping on all runway surfaces...runway conditions patchy thin water, runway one niner DME out of service, KEMUK RCO out of service..."*
3. AIRMETS – According to information provided by the FAA, AIRMET SIERRA for IFR conditions and mountain obscurations was issued at 1136 for the Bristol Bay zone. This AIRMET advised of occasional ceilings below 1,000 feet and visibility below 3 miles in light rain and mist for the area southwest of a line from PAJZ (the airport located at Koliganek, Alaska) and PAIG (the airport located at Igiugig, Alaska). For the entire [Bristol Bay] zone, this AIRMET advised of mountains be occasionally obscured in clouds and precipitation.
4. SIGMETS – According to information provided by the FAA, no SIGMETS were in effect for the times surrounding the accident near the accident location

5. PIREPs – According to information provided by the FAA, pilot reports from a pilot operating a single engine Cessna Stationaire (C-207) and a Piper Navajo (PA31) multiengine airplane into Dillingham reported low-level wind shear on approach to runway 19 with 10 to 15 knot loss of airspeed between 100 and 200 feet.

Attachment 2
Additional Data to NTSB Form 6120.1
Accident: ANC10MA068

USAIG Pilot Record
Completed by Theron A. Smith on July 19, 2010

USAIG Pilot Record

Name THEODOR A. SMITH
 Address [REDACTED]
ANCHORAGE, ALASKA 99502
 Birth Date [REDACTED] 1947 Social Security # [REDACTED]
 Certificate # [REDACTED]
 Occupation _____
 Employer _____

Marital Status MARRIED No. of Dependents 5

FAA MEDICAL CERTIFICATE

Date Issued DEC 1, 2009 Class FIRST
 Waivers (If none, write none) NONE

TRAINING AND RECURRENT TRAINING

Year of first solo flight 1967 Type rated in following aircraft B-737
LR-JET - G-121

Describe Flight Training (School, location, equipment, instructor, etc.) INITIAL B-727, B-737, RECURRENT, CRM, HAEMAT: ALASKA AIRLINES 1979-2007, INITIAL & RECURRENT G-111, AMERICAN WINGBIRDS 1990-2010

Date of last Biennial Flight Review or equivalent _____ Date of last instrument competency check _____

Do you participate in FAA Pilot Proficiency Awards Program? No Yes If "Yes," what phase have you completed? _____

For what type aircraft? NA Date completed _____

Recurrent/Transition Courses: Describe and give details of courses attended
SEMI-ANNUAL RECURRENT B-737 AND GULLWING G-111 TRAINING 1980-2000
ANNUAL RECURRENT B-737 2000-2007

School or instructor PART 121 RECURRENT

Do you hold a current FSI Pro Card of Simuflite Card? Yes No Date _____

PILOT-IN-COMMAND EXPERIENCE

AIRCRAFT MAKE/MODEL	TOTAL HOURS	TOTAL LAST 12 MONTHS	TOTAL LAST 90 DAYS	TOTAL INSTRUMENT	TOTAL NIGHT
B-737	17,950	185	27	7,950	9,180
SINGLE-ENG AIRPLANE	2,378	22	5	19	650
MULTI-ENG AIRPLANE	6,290	86	31	975	1,120
DHC-2	1,215	0	0	65	
DHC-3	35	0	0	0	9

Please explain fully any "Yes" answers to the following questions on reverse side.

- As pilot-in-command or as co-pilot have you had or been involved in any aircraft incidents or accidents? No Yes
- As pilot-in-command or as co-pilot have you been found guilty of any Federal Air Regulations violations? No Yes
- Has your automobile drivers license ever been suspended or revoked? No Yes
- Have you ever been arrested for operating an automobile under the influence of alcohol or drugs? No Yes
- Have you had any automobile accidents within the last five years? No Yes

I represent that the answers given are true and complete to the best of my knowledge and belief and that no material information has been withheld.

Date JULY 19, 2010

Signed [REDACTED]

This pilot record is filed in connection with the Insurance Application of _____

Student	1966
Private	1967
Commercial	1968
ATP	1972
Flight Instructor	1969

ASEL	1967
AMEL	1967
ASES	1968
AMES	1969
Instrument	1968
Rotorcraft	