

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:

- ☐ Off Airport/Airstrip
☒ On Airport
☐ On Airstrip

ACCIDENT/INCIDENT LOCATION:

Nearest City/Place: FAIRBANKS
State: ALASKA Zip: 99709
Latitude: 64°49'N Longitude: 147°52'W

DATE/TIME:

Date: 3/19/02 Day of week: WEDNESDAY
Local Time: 1550 Time Zone: UTC - 9

PHASE OF OPERATION:

- ☐ Standing ☐ Takeoff (including initial climb) ☐ Cruise ☐ Approach ☐ Hover/Maneuvering
☐ Taxi ☐ Climb ☐ Descent ☒ Landing ☐ Altitude of In-Flight occurrence _____ Feet MSL

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

PROXIMITY TO AIRPORT:

- ☐ On Approach ☐ Downwind ☐ Final ☐ Go Around
☐ Crosswind ☐ Base leg ☒ Landing

Airport Name: FAIRBANKS INTERNATIONAL

Identifier: FAI

Distance From Airport Center: 0.5 SM

Direction From Airport: N/A Magnetic

RUNWAY INFORMATION:

Runway ID: 1 LEFT
Length: 11,800
Width: 150
Apt. Elev: 434 Ft. MSL

RUNWAY/LANDING SURFACE:

- ☐ Macadam ☐ Grass/Turf
☒ Asphalt ☐ Snow
☐ Concrete ☐ Ice
☐ Gravel ☐ Water
☐ Dirt

RUNWAY/LANDING SURFACE CONDITION:

- ☒ Dry ☐ Snow-Crusted ☒ Rubber Deposits
☐ Wet ☐ Snow-Compacted ☐ Soft
☐ Ice Patches ☐ Vegetation ☐ Rough
☐ Ice Covered ☐ Water-Calm ☐ Slush
☐ Snow-Dry ☐ Water-Choppy ☐ Holes
☐ Snow-Wet ☐ Water-Glassy ☐ Muddy

APPROACH INFORMATION

IFR APPROACH

- ☐ ADF/NDB ☐ ILS-Complete ☐ MLS ☐ Visual
☐ SDF ☐ ILS-Localizer ☐ LDA ☐ Contact
☐ VOR/TVOR ☐ ILS-Back course ☐ ASR ☐ Circling
☐ VOR/DME ☐ RNAV ☐ PAR ☐ Practice
☐ TACAN ☐ GPS ☐ Sidestep

VFR APPROACH

- ☒ Traffic Pattern ☐ Full Stop
☐ Straight-In ☐ Stop and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Touch and Go ☐ Precautionary Landing

AIRCRAFT INFORMATION

Manufacturer: PIPER

Model: PA31-350

Max Gross Wt: 7368 Lbs

Homebuilt: ☐ Yes ☒ No

Serial No.: 317952161

Empty Wt: 4753.7 Lbs

CATEGORY OF AIRCRAFT:

- ☒ Airplane ☐ Blimp/Dirigible
☐ Helicopter ☐ Ultralight
☐ Glider ☐ Gyroplane
☐ Balloon ☐ Other

TYPE OF AIRWORTHINESS CERTIFICATE

STANDARD

- ☒ Normal
☐ Utility
☐ Acrobatic
☐ Transport
☐ Experimental

SPECIAL

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight

LANDING GEAR

- ☐ Tricycle - Fixed ☐ Hull ☐ High Skid
☒ Tricycle - Retractable ☐ Float ☐ Tandem
☐ Tailwheel - All Fixed ☐ Emerg. Float ☐ Other
☐ Tailwheel - All Retractable ☐ Ski
☐ Tailwheel - Retractable Mains ☐ Ski/Wheel
☐ Amphibian ☐ Skid

STALL WARNING SYSTEM INSTALLED

- ☒ Yes ☐ No

IFR EQUIPPED

- ☒ Yes ☐ No

ENGINE TYPE

- ☐ Reciprocating - Carburetor ☐ Turbo Prop ☐ Turbo Fan
☐ Reciprocating - Fuel Injected ☐ Turbo Jet ☐ Turbo Shaft
☒ Reciprocating - Turbocharged

TYPE OF PROPELLER

- ☒ Controllable Pitch
☐ Fixed Pitch

NUMBER OF SEATS

Flight Crew 1 Passenger 8
Cabin Crew 0

Aircraft
Registration
Number: N3527U

Engine Manufacturer <u>LYCOMING</u>		Engine Model/Series <u>T10-540-J2 BB</u>		Engine Rated Power <u>350</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>L-2412-61A</u>	<u>8840.0</u> Hours	<u>10.4</u> Hours	<u>1479.5</u> Hours		
Engine No. 2		<u>L-1209-68A</u>	<u>4047.8</u> Hours	<u>10.4</u> Hours	<u>466.2</u> Hours		
Engine No. 3	<u>N/A</u>		Hours	Hours	Hours		
Engine No. 4	<u>N/A</u>		Hours	Hours	Hours		
Type of Maintenance Program			Last Inspection				
<input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Homebuilt) <input type="checkbox"/> Manufacturer's Inspection Program <input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Specify _____			Type <input type="checkbox"/> Annual <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Condition Inspection				
			Date Performed (M/D/Y) <u>3/10/02</u> Airframe Total Time at Last Inspection <u>20891.5</u> Hours Airframe Time Since Last Inspection <u>10.4</u> Hours				
Emergency Locator Transmitter (ELT)	ELT Manufacturer <u>ACK TECHNOLOGIES</u>	Model/Series <u>E-01</u>	Serial Number <u>30007 37696</u>	Battery Date (M/D/Y) <u>6/30/03</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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown/NA	Battery Type <u>(Alkaline)</u> Lithium, etc.)			
OWNER/OPERATOR INFORMATION							
Registered Aircraft Owner <u>WARBELOW'S AIR VENTURES</u>			City <u>FAIRBANKS</u> State <u>ALASKA</u>				
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name _____ Doing Business As: _____			City/State _____ <input checked="" type="checkbox"/> Same As Registered Owner				
Air Carrier/Operator Designator (4 Character Designator) <u>WVBA</u>							
Type of Operation <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 125 <input checked="" 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			FAR 121, 125, 127, 129, 135 Revenue Operations <input checked="" type="checkbox"/> Scheduled/Commuter <input type="checkbox"/> Non Scheduled/Air Taxi			Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight (FAR 91, 103, 133, 137) <input 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Cargo <input type="checkbox"/> International <input checked="" type="checkbox"/> Passenger		Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input checked="" type="checkbox"/> Passenger (How many? <u>8</u>) <input type="checkbox"/> Cargo (_____ lbs.) <input type="checkbox"/> Other (Specify) _____			Public Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Certificate(s) Held							
Air Carrier Operating Certificate <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental (121) <input type="checkbox"/> Large Helicopter (127) <input checked="" type="checkbox"/> Commuter Air Carrier (135) <input checked="" 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)							

PILOT "A" INFORMATION													
Pilot Name ARTHUR N. FLAVELL				City FAIRBANKS State ALASKA				Nationality U.S.A.					
Certificate(s) <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Airline Transport				<input checked="" 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 type="checkbox"/> Single-Engine Sea <input checked="" 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 type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider				<input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input checked="" type="checkbox"/> Ground Instructor <input type="checkbox"/> Glider <input type="checkbox"/> Specify	
Type Ratings/Student Endorsements (With Dates)				Date of Last Flight Review Or Equivalent Including FAR 121/135 Checks (M/D/Y) 11/07/01				Flight Review Aircraft Make CESSNA Model 172					
Medical Certificate <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 1				Date of Last Medical (M/D/Y) 6/15/00		Limitations CORRECTIVE LENSES Waivers NONE		Age 52 Principal Occupation PILOT					
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? ARTHUR N. FLAVELL													
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		5330	1349	3004	2257	720	348	59	69	0	0		
Pilot In Command (PIC)		5152	1349	3004	2257	720	348	59	69	0	0		
Instructor		1258	0						0	0	0		
This Make/Model													
Last 90 Days		352	352	0	352			0	0	0	0		
Last 30 Days		115	115	0	115	8	4	0	0	0	0		
Last 24 Hours		4	4	0	4	0	0	0	0	0	0		
FLIGHT ITINERARY INFORMATION													
Last Departure Point Airport ID FYU City FORT YUKON State ALASKA				Time of Departure Time 1304 L Time Zone -9		Destination Airport ID FAI City FAIRBANKS State ALASKA			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 type="checkbox"/> None <input checked="" 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 checked="" type="checkbox"/> Class D <input type="checkbox"/> Class E <input 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 type="checkbox"/> None <input checked="" 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 & Model

Airplane
Single Engine

Airplane
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. CONNIE BOYLE					✓						
2. JEREX BOYLE					✓						X
3. HAROLD CADZOW					✓						X
4. PEGGY CARROLL					✓						X
5. JOHN COSGROVE					✓						X
6. YASUKO KANO					✓						X
7. JAKE KELLEY					✓						X
8. WILLIE SALMON					✓						X

WEATHER INFORMATION AT THE ACCIDENT SITESource of Weather information
(Pilot/Operator, Weather Observation Facility)

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night
☒ Daylight ☐ Bright Night

Visibility

10 Miles

Temp

____ (C)
or
____ (F)

Dew Point

____ (C)
or
____ (F)Altimeter
Setting____ MB
or
____ HG

Sky/Lowest Cloud Condition

☐ Clear
☐ Few _____ Feet AGL
☐ Scattered _____ Feet AGL
☐ Broken _____ Feet AGL☐ Overcast _____ Feet AGL☐ Partial Obscuration☐ Obscuration-Vertical Visibility _____ Ft. AGL

Wind Information

Direction _____ True or _____ Mag
Velocity _____ KTS
Gusts _____ KTS

Density Altitude

____ Feet

Intensity of Precipitation

☐ Light ☐ Heavy
☐ Moderate ☐ Specify _____

Restriction to Visibility

☒ None
☐ Haze
☐ Dust
☐ Smoke
☐ Fog
☐ Mist
☐ Ice Fog
☐ Ground Fog
☐ Blowing Spray
☐ Blowing Dust
☐ Blowing Snow
☐ Blowing Sand
☐ Other _____

Type of Precipitation

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

Icing

FORECAST

☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

ACTUAL

☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Source of Weather Briefing

☐ None
☒ National Weather Service
☒ Flight Service Station
☐ PATWAS/ATIS
☐ Voice Response System
☐ Other _____
☐ Commercial Weather Service
☐ Company
☐ TV/Radio
☐ Military
☒ DUAT

Method of Briefing

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

Weather Observation Facility

Facility ID: _____
Obs Time: _____
Time Zone: _____
Distance from Accident Site: _____
Direction from Accident Site: _____

Briefing Type/Completeness

☐ Standard ☒ Abbreviated ☐ Outlook
☐ Limited By Pilot ☐ Limited By Briefer ☐ Full

Turbulence (Multiple entry)

☐ None ☐ Moderate ☐ Extreme
☐ Light ☐ Severe ☐ Vicinity of Thunderstorm
☐ In Clouds ☐ Light Chop
☐ Clear Air ☐ Moderate Chop

Notams, Airmets, Sigmet

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

____ Gallons
or
504 Pounds

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5☐ Specify _____

Other Services, If Any, Prior to Departure

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

☐ None ☐ Substantial
☒ Minor ☐ Destroyed

Aircraft Fire

☒ None ☐ On-Ground
☐ In-Flight

Aircraft Explosion

☒ None ☐ On-Ground
☐ In-Flight

Description of Damage to Aircraft and Other Property

GROUND CONTACT DAMAGE TO PROPELLERS, FLAPS AND BOTTOM OF AIRCRAFT

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)☒ No ☐ Yes
If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure.

Total Time/Cycles On Part

____ Hours

Time Since This Part
Inspected/Overhauled

____ Hours

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

Pilot (C) Name N/A	City/State (ONLY)	Crew Position
Certificate(s) <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 _____		
Ratings/Endorsements	Total Flight Time at the Time of This Accident/Incident	
Pilot (D) Name	City/State (ONLY)	Crew Position
Certificate(s) <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 _____		
Ratings/Endorsements	Total Flight Time at the Time of This Accident/Incident	
Pilot (E) Name	City/State (ONLY)	Crew Position
Certificate(s) <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 _____		
Ratings/Endorsements	Total Flight Time at the Time of This Accident/Incident	

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

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

EVACUATION OF AIRCRAFT

Assistance Received <input checked="" 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. PILOT EXITED FROM CREW DOOR. ALL PASSENGERS EXITED THROUGH MAIN CABIN PASSENGER DOOR.		

RECOMMENDATION

Operator/Owner Safety Recommendation (Optional)

NARRATIVE HISTORY OF FLIGHT (Please Type or Print Name)

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.

PLEASE REFER TO APPENDED REPORT.

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

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

3/19/02

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.

ANCO2LA022

Reviewed by NTSB Office Located At

ANCHORAGE, ALASKA

Name of Investigator

L. LEWIS

Date Report Received

3/21/02