

**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 Nearest City/Place: <u>Denali Park</u> State: <u>AK</u> ZIP: <u>99755</u> Country: <u>USA</u> Latitude: <u>n63 38.71</u> (dd:mm:ss N/S) Longitude: <u>w148 47.89</u> (ddd:mm:ss E/W) | | | | | Date/Time Date: <u>9/13/12</u> Local Time: <u>14:00</u> <i>mm/dd/yyyy</i> Time Zone: <u>aksd</u> | | | | |
| Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input checked="" type="checkbox"/> Approach <input type="checkbox"/> Unknown | | | | | Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None | | Altitude of In-Flight Occurrence <p align="right">2,200 ft MSL</p> | | |
| AIRCRAFT INFORMATION | | | | | | | | | |
| Manufacturer: <u>cessna</u> Model: <u>185-F</u> Serial Number: <u>18503556</u> Registration Number: <u>N4786Q</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | Max Gross Weight: <u>3,350</u> lbs Weight at Time of Accident/Incident: <u>2,500</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>37.8</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC) | | | | |
| Category of Aircraft <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 | | Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <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 | | Number of Seats: <u>6</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____ | | Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input 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 checked="" type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown | | | |
| Type of Maintenance Program <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: _____ | | | Last Inspection Type <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown | | | Date Last Inspection: <u>8/4/12</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>5,024</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident | | | |
| IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____ | | | |
| ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | ELT Manufacturer: <u>Dorne/ Margolin</u> Model/Series: <u>DM ELT6.1</u> Serial Number: _____ Battery Type: <u>nicad</u> Battery Exp. Date: <u>8/13</u> | | | | | | |
| Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | | Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected | | Propeller <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>McCauley</u> Model: <u>D2A34C58</u> | | | | | |
| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | 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 | Continental | IO-520-D | 566627 | 4/1/02 | 300 | 1,431 | 11 | 1,431 | |
| Eng. 2 | | | | | | | | | |
| Eng. 3 | | | | | | | | | |
| Eng. 4 | | | | | | | | | |

| OWNER/OPERATOR INFORMATION | | |
|---|---|--|
| Registered Aircraft Owner Name: <u>Daniel McGregor</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Owner Address City: <u>Denali Park</u> State: <u>ak</u> ZIP: <u>99755</u> Country: <u>USA</u> |
| 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: _____ |
| 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 |
| Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input 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 checked="" type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input checked="" 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 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 |
| 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 |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> The failure occurred while airborne and is thought to be a combination failure of the right Federal Fluidyne c-3600 wheel ski aft actuator attach bolt (AN5-11) and the cable/bungee attach system. The bolt in question showed signs of previous wear and distortion and was found sheared in half and displaced from its original location. These malfunctions would not allow for proper operation nor security of the ski. | | Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours 60 Hours |
| 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 |

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

Damage occurred to the right ski tunnel and main ski surface, all ski attachment riggings, and gear leg. The propeller was damaged with one blade losing approximately 6 inches off of the end. The spinner and top and bottom cowls sustained damage. The right wing had indentations under the fuel cell. The right door received multiple small dents. The left wing has impact damage just outboard of the fuel cell on the top, bottom and leading edge. The inboard section of the left aileron was bent.
I believe a high-tension static/guy wire was severed. No other known damage.

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

Airport Identifier: ak06 **Distance From Airport Center:** 5 SM
Airport Name: Denali private **Direction From Airport:** 140 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** 2,050 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 Sidesstep 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: ak06 (L/R/C) Length: 4,000 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: ak06
 City: Denali Park
 State: ak
 Country: usa

Time of Departure

Time: 13:25
 Time Zone: ak

Destination

Airport ID: same
 City:
 State:
 Country:

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)
 30 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

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
 Pilot exited the pilot side door normally after securing aircraft.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|-------------|---|-------------------------------|--|--------------------------------|--------------------------------|--------------------------------|--|--|---------------|-------------|---|-------------------------------|--|--------------------------------|--------------------------------|--------------------------------|---|--|
| Weather Observation Facility Facility ID: <u>pain</u> Observation Time: _____ Time Zone: <u>ak</u> Distance from Accident Site: <u>12</u> NM Direction from Accident Site: <u>300</u> degrees MAG | | Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS) | | Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | |
| Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input checked="" type="checkbox"/> Not Pertinent | | Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported | | Visibility _____ miles | | | | | | | | | | | | | | | | | | | |
| Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Scattered | | Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown | | Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | |
| Lowest Cloud Condition Height _____ 7,000 ft AGL | | Ceiling Height _____ 7,000 ft AGL | | | | | | | | | | | | | | | | | | | | | |
| Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable | Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable | Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting | Type of Turbulence (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop | | | | | | | | | | | | | | | | | | | | |
| NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident none | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature: _____ (C) or _____ 45 (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F) | | icing Forecast <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Amount</td> <td style="text-align: center;">Type</td> </tr> <tr> <td><input type="checkbox"/> None <input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace <input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> </table> | | Amount | Type | <input type="checkbox"/> None <input type="checkbox"/> Moderate | <input type="checkbox"/> Rime | <input type="checkbox"/> Trace <input type="checkbox"/> Severe | <input type="checkbox"/> Clear | <input type="checkbox"/> Light | <input type="checkbox"/> Mixed | icing Actual <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Amount</td> <td style="text-align: center;">Type</td> </tr> <tr> <td><input type="checkbox"/> None <input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace <input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> </table> | | Amount | Type | <input type="checkbox"/> None <input type="checkbox"/> Moderate | <input type="checkbox"/> Rime | <input type="checkbox"/> Trace <input type="checkbox"/> Severe | <input type="checkbox"/> Clear | <input type="checkbox"/> Light | <input type="checkbox"/> Mixed | Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle | |
| Amount | Type | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> None <input type="checkbox"/> Moderate | <input type="checkbox"/> Rime | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Trace <input type="checkbox"/> Severe | <input type="checkbox"/> Clear | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Light | <input type="checkbox"/> Mixed | | | | | | | | | | | | | | | | | | | | | | |
| Amount | Type | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> None <input type="checkbox"/> Moderate | <input type="checkbox"/> Rime | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Trace <input type="checkbox"/> Severe | <input type="checkbox"/> Clear | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Light | <input type="checkbox"/> Mixed | | | | | | | | | | | | | | | | | | | | | | |
| | | Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy | | | | | | | | | | | | | | | | | | | | | |

PILOT "B" INFORMATION

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

Pilot "B" Identification
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

| | | | |
|--|--|---|--|
| 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 <input 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 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)*
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

| | | | |
|---|--|--|--|
| Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown | Medical Certificate <input type="checkbox"/> None <input 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 type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown | Date of Last Medical _____ <i>mm/dd/yyyy</i> |
|---|--|--|--|

Medical Certificate Limitations

Medical Certificate Waivers

| | |
|---|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i> | Flight Review Aircraft Make: _____ Model: _____ |
|---|--|

| | | | |
|---|---|--|--|
| Airplane Rating(s) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport |
|---|---|--|--|

| | |
|---------------------|--|
| Type Ratings | Student Endorsements <i>(Include dates)</i> |
|---------------------|--|

| Flight Time <i>(enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|--|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

ADDITIONAL FLIGHT 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 <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious |
| Middle Initial: _____ | State: _____ ZIP: _____ | |
| Last Name: _____ | Country: _____ | |
| 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 <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious |
| Middle Initial: _____ | State: _____ ZIP: _____ | |
| Last Name: _____ | Country: _____ | |
| 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 <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious |
| Middle Initial: _____ | State: _____ ZIP: _____ | |
| Last Name: _____ | Country: _____ | |
| 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: _____ | 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"/> |
| 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"/> |
| 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"/> |

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.

I departed Denali private airstrip alone on a Part 91 weather probe at 13:25 local time heading east towards the Yanert valley. I climbed over the spine of the range and lowered the skis since I was flying over snow-covered terrain. The skis actuated and made a somewhat abnormal sound, but it was not enough to cause concern at the time since the indicators showed they had lowered into place. After continued flight around weather cells, I determined that the weather was unsuitable for a glacier landing due to mixed precipitation falling and ceiling and visibility limitations. I then began the return trip to base, making weather and terrain observations on the way. Approaching the airport, I began descending for landing from high terrain. As airspeed increased, I felt fluttering oscillations which I attributed to air-induced bungee or ski movement. I began a right turn toward the airport in order to align the aircraft on the most direct approach path to the airport. This put the aircraft on an approximate 5 mile final over high terrain that descends towards the airstrip. While lining up on the extended final for a landing to the north, I began raising the skis. The left ski seemed to lock into place normally while the right ski did not sound or feel normal. At the same time, the oscillations seemed to increase accompanied by a light knocking or popping sound similar to a muffled engine backfire. I checked the gauges for irregularities, checked the left ski, and attempted to check the right ski across the cabin. I determined the right ski was causing the problem. I attempted to remedy the oscillation by cycling the ski actuator between the up and down positions and reducing engine power. I made a brief radio report to base that I had a problem. I realized that in the process of dealing with the malfunction and changing aircraft configurations (ski location and power settings), I was descending more rapidly than before and was getting close to terrain. I pitched nose up and as I did there were much more violent popping and banging sounds accompanied by airspeed loss and severe yawing especially to the right. (I initially attributed this change to the ski and ski rigging being caught in the propeller and causing further damage. Upon further inspection it seems that there was contact with a high-tension power line static/guy wire.) I noticed a strong vibration throughout the aircraft as I added power and 10 degrees of flaps to stabilize the aircraft. I continued towards the airfield and was able to maintain control of the aircraft and get it stabilized for continued flight. I made two passes over the airfield in an attempt to get ground resources to help identify the status of the aircraft, in particular the landing gear. After establishing communication with ground personnel, we were able to determine that the right ski was vertical with the nose pointed down. Attempts to realign the ski, including lowering the skis, were unsuccessful. I noticed at this point the engine was heating up towards it limits, so I opted for a landing. I touched the right ski first, which wrapped aft around the gear leg assembly. The left ski touched and I was able to maintain directional control with power until the aircraft stopped on the edge of the runway. At that point I secured the plane and exited the aircraft through the pilot side door without further event.

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 _____ <i>mm/dd/yyyy</i> | Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____ |
| Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____ | |

FOR NTSB USE ONLY

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|--|---|---|---|
| NTSB Accident/Incident No. <i>ANC12LA106</i> | Reviewed by NTSB Regional Office <i>Anchorage, AK</i> | Name of Investigator <i>C. Shaver</i> | Date Report Received <i>9/20/12</i> |
|--|---|---|---|