

**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>Anchorage</u> State: <u>Alaska</u> ZIP: <u>99502</u> Country: <u>United States of America</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>03/05/2011</u> Local Time: <u>21:40</u> <i>mm/dd/yyyy</i> Time Zone: <u>Alaska</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 checked="" type="checkbox"/> Landing <input 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 _____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Bombardier</u> Model: <u>Lear 35A</u> Serial Number: <u>500</u> Registration Number: <u>N544LM</u> Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Gross Weight: <u>19,600</u> lbs Weight at Time of Accident/Incident: <u>15,000</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- <u>18.7</u> Percent Mean Aerodynamic Cord (% MAC)
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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 (Check all that apply) Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" 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 checked="" 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 type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input checked="" type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>02/24/2012</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>12,533</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>CF3BR Fire Engine Bottles</u>
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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>Artex</u> Model/Series: <u>C406N</u> Serial Number: <u>ID # 2DC84 3AC94 FFBFF</u> Battery Type: _____ Battery Exp. Date: _____
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Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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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 type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Honeywell	TFE731-2-2C	89373		3700	12,280	150	4,032
Eng. 2	Honeywell	TFE731-2-2C	89375		3700	12,373	150	4,032
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Aero Air, LLC

Fractional Ownership Aircraft: Yes No

Owner Address

City: Hillsboro
 State: Oregon ZIP: 97124
 Country: United States of America

Operator of Aircraft

Same As Registered Owner

Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

Operator Address

Same As Registered Owner

City: _____
 State: _____ ZIP: _____
 Country: _____

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)
 FAR 103 FAR 133 Non-US, Commercial Federal State Local
 FAR 121 FAR 135 Non-US, Non-commercial Unknown
 FAR 125 FAR 137 Armed Forces

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

Purpose of Flight

for FAR 91, 103, 133, 137 (Select one)

- Personal
 Business
 Executive/Corporate
 Other Work Use
 Instructional
 Ferry
 Positioning
 Aerial Application
 Aerial Observation
 Air Drop
 Air Race / Show
 Flight Test
 Public Use
 Unknown

Revenue Operation

for FAR 121, 125, 129, 135 (Select one)

- Scheduled or Commuter
 Non-Scheduled or Air Taxi

Domestic or International

Domestic International

Cargo Operation

- Passenger/Cargo
 Passenger _____ How many?
 Cargo _____ lbs
 Mail

Type of Commercial Operating Certificate Held

(Check all that apply)

- None
 Flag Carrier Operating Certificate (121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (129)
 Commuter Air Carrier (135)
 On-Demand Air Taxi (135)
 Large Helicopter (127)
 Rotorcraft External Load (133)
 - or -
 Agricultural Aircraft (137)
 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

Destroyed Minor
 Substantial 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? Yes No Unknown
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part
 _____ Hours
 _____ Cycles

Time Since This Part Inspected/Overhauled
 _____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None Substantial
 Minor Destroyed

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

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

Both gear doors, flaps and two lower antennas received minor damage and are being replaced.

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

Airport Identifier: PANC Distance From Airport Center: 0 SM
 Airport Name: Ted Stevens International Airport Direction From Airport: 0 degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 154 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: 07R (L/R/C) Length: 12,400 ft Width: 200 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>PAEN</u> City: <u>Kenai</u> State: <u>Alaska</u> Country: <u>United States of America</u>	Time of Departure Time: <u>21:20</u> Time Zone: <u>Alaska</u>	Destination Airport ID: <u>PANC</u> City: <u>Anchorage</u> State: <u>Alaska</u> Country: <u>United States of America</u>	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" 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)
522 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

All occupants exited out of the forward main exit door of the aircraft. No injuries were received.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: Anchorage

Observation Time: 21:00

Time Zone: Alaska

Distance from Accident Site: 0 NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

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

Method of Briefing

(Check all that apply)

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

Briefing Type/Completeness

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

Light Condition

- Dawn
 Day
 Dusk
 Night
 Dark Night
 Bright Night
 Not Reported

Visibility

7 miles

Sky/Lowest Cloud Condition

- Clear
 Few
 Partial Obscuration
 Scattered
 Thin Broken
 Thin Overcast
 Unknown

Ceiling

- None (clear)
 Broken
 Overcast
 Obscured
 Indefinite
 Unknown

Restriction to Visibility (Check all that apply)

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

Lowest Cloud Condition Height

2,000 ft AGL

Ceiling Height

2,000 ft AGL

Wind Direction

Indicated:
_____ degrees MAG

Variable

Wind Speed

Velocity: _____ KTS

-or-

- Calm
 Light and Variable

Wind Gusts

Velocity: _____ KTS

- Gusting
 Not Gusting

Type of Turbulence (Check all that apply)

- None
 Clear Air
 In Clouds
 Vicinity of Thunderstorm

Severity of Turbulence

- Extreme
 Severe
 Moderate
 Moderate Chop
 Light

NOTAMs (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

AirMet for moderate icing in the clouds in the Anchorage bowl.

Temperature: 26 (C)
or _____ (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

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

Icing Forecast

Amount

- None
 Trace
 Light
 Moderate
 Severe

Type

- Rime
 Clear
 Mixed

Icing Actual

Amount

- None
 Trace
 Light
 Moderate
 Severe

Type

- Rime
 Clear
 Mixed

Type of Precipitation (Check all that apply)

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

Intensity of Precipitation

- Light
 Moderate
 Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification

First Name: Keith City: Anchorage
 Middle Initial: D State: Alaska ZIP: _____
 Last Name: Washburn Country: United States of America
 Age at time of Accident/Incident: 62 Date of Birth: /1950 Certificate Number: **+**
mm/dd/yyyy

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
<input checked="checked" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<input checked="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	Used <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No	Used <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No

Pilot Certificate(s) (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
<input type="checkbox"/> Private	<input checked="checked" type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input checked="checked" type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military	

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
<input checked="checked" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="checked" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<input type="checkbox"/> Without limitations/waivers <input checked="checked" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	09/11/2011 <small>mm/dd/yyyy</small>

Medical Certificate Limitations
 Airman must wear corrective lenses for distant vision

Medical Certificate Waivers
 Waiver for hearing

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Flight Review Aircraft
<u>12/09/2011</u> <small>mm/dd/yyyy</small>	Make: <u>Bombardier</u> Model: <u>Lear 35A</u>

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

Type Ratings LR-JET AS1124 AS1125 CITATION 500 G-100	Student Endorsements <i>(Include dates)</i>
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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	14,000	2,700	9,500	4,500	2,500	700	200	0	0	0
Pilot in Command (PIC)	13,000	2,100	9,500	4,000	1,450	450	150	0	0	0
Time as Instructor	3,000	0	2,800	200	30	20	0	0	0	0
This Make/Model					1,100	450	45			
Last 90 Days	90	90	0	90	35	7	0	0	0	0
Last 30 Days	30	30	0	30	12	2	0	0	0	0
Last 24 Hours	1	1	0	1	0	0	0	0	0	0

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: Priya City: Anchorage
 Middle Initial: D State: Alaska ZIP: 99507
 Last Name: Hajari Country: United States of America
 Age at time of Accident/Incident: 37 Date of Birth: [REDACTED] 1975 Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" 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>09/13/2011</u> <small>mm/dd/yyyy</small>
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Medical Certificate Limitations
Airman must wear corrective lenses for distant vision

Medical Certificate Waivers
None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11/22/2011</u> <small>mm/dd/yyyy</small>	Flight Review Aircraft Make: <u>Bombardier</u> Model: <u>Lear 35A</u>
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Airplane Rating(s) (Check all that apply) <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	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings None	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	2,900	120	600	2,300	1,100	800	40	0	0	0
Pilot in Command (PIC)	600	0	5,900	10	30	10	0	0	0	0
Time as Instructor	350	0	350	0	30	10	0	0	0	0
This Make/Model					55	13	20			
Last 90 Days	100	100	0	100	55	3	0	0	0	0
Last 30 Days	30	30	0	30	11	1	0	0	0	0
Last 24 Hours	1	1	0	1	0	0	0	0	0	0

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	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Patient</u> City: <u>Kenai</u> Middle Initial: _____ State: <u>Alaska</u> ZIP: <u>99611</u> Last Name: _____ Country: <u>United States of America</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Dave</u> City: <u>Anchorage</u> Middle Initial: _____ State: <u>Alaska</u> ZIP: <u>99509</u> Last Name: <u>Skidmore</u> Country: <u>United States of America</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Dave</u> City: <u>Anchorage</u> Middle Initial: _____ State: <u>Alaska</u> ZIP: <u>99575</u> Last Name: <u>Nashalook</u> Country: <u>United States of America</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Mike</u> City: <u>Eagle River</u> Middle Initial: _____ State: <u>Alaska</u> ZIP: <u>99577</u> Last Name: <u>Clausson</u> Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

This non-schedule Part 135 flight originated in Kenai, Alaska at 21:20 local time on March 5th, 2012. Captain Keith Washburn and First Officer Priya Hajari crewed the aircraft. This leg was flown by First Officer Hajari. Prior to departure, Captain Washburn called Kenai FSS for an update of the weather in Anchorage. The FSS briefer told Captain Washburn that the weather in Anchorage was VFR, reported as 3500' ceiling and 7 miles of visibility. There was also an AIRMET for moderate icing in the clouds in the Anchorage area. Because of that the crew turned on all the anti-icing systems prior to departure from Kenai.

On the approach to Anchorage they encountered icing heavier than forecast and the Captain elected to turn on the alcohol anti-ice. This system sprays methanol onto both the nose of the aircraft and the Captain's windscreen. Just outside the final approach fix, the First Officer stated that she could no longer see outside her windscreen because of the ice buildup. The Captain stated that he could see the airport just fine and they elected to transfer the control of the aircraft back to the Captain for him to complete the approach. They had been cleared for the RNAV RWY 07R approach.

The approach was completed without incident. Upon landing, and as aircraft transitioned to the rollout and was decelerating to taxi speed on the runway, the Captain started losing visuals with the runway/airport environment. The Captain turned off the alcohol anti-icing thinking that would improve his visuals as the alcohol system often smears on the windscreen at lower speeds. After turning off the alcohol anti-ice the Captain's visuals did not improve as the aircraft entered unforecast heavy freezing rain. Neither he or the First Officer could see the runway.

During the attempt to stop the aircraft, the aircraft drifted to the right, eventually to the outside of the right runway edge lights. As the right main gear entered an area of deeper snow buildup on the outside of the right runway edge lights, the aircraft slewed to the right, eventually coming to stop up on top of the snow berm approximately 80 degrees to runway heading.

No one was injured. The patient was put into an ambulance and taken to the hospital. The aircraft received minor damage to the both exterior gear doors, 1 flap and 2 lower antenna2.

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 03/21/2012 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: Ricci Coon
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Signature and Name of Person Filing Report if Other than Pilot/Operator
Signature: _____
Type or Print Name: Ricci M. Coon
Title: Base Manager for Aero Air, LLC in Anchorage, Alaska

FOR NTSB USE ONLY

NTSB Accident/Incident No. ANC12IA024	Reviewed by NTSB Regional Office Anchorage, AK	Name of Investigator Johnson	Date Report Received 3/25/12
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