

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: Norvik
State: Alaska Zip: 99763
Latitude: N66°53' Longitude: W161°05'

DATE/TIME:

Date: 5-24-02 Day of week: Friday
Local Time: 1040 Time Zone: Alaska Daylight
Time

PHASE OF OPERATION:

- ☐ Standing ☐ Takeoff (including initial climb) ☐ Cruise ☐ Approach ☐ Hover/Maneuvering
☐ Taxi ☒ Climb ☐ Descent ☐ Landing ☒ Altitude of In-Flight occurrence 1500 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: Norvik
Identifier: ORV
Distance From Airport Center: 5 SM NA
Direction From Airport: 020° Magnetic

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

RUNWAY INFORMATION:

Runway ID: _____
Length: _____
Width: _____
Apt. Elev: _____ Ft. MSL

RUNWAY/LANDING SURFACE:

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

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: PA32R301
Max Gross Wt: 3600 Lbs

Homebuilt: ☐ Yes ☒ No
Serial No.: 32R-7680201
Empty Wt: 2075 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 One Passenger One
Cabin Crew _____

Engine Manufacturer <u>Textron Lycoming</u>		Engine Model/Series <u>IO-540 K1650</u>		Engine Rated Power <u>300</u> Horsepower or ____ Lbs of Thrust		Type of Fire Extinguishing System Used <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Hand Held Extinguisher</u>	
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul		
Engine No. 1		<u>L-21258-484</u>	<u>7511.8</u> Hours	<u>17.5</u> Hours	<u>1578.0</u> Hours		
Engine No. 2			Hours	Hours	Hours		
Engine No. 3			Hours	Hours	Hours		
Engine No. 4			Hours	Hours	Hours		
Type of Maintenance Program			Last Inspection				
<input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Homebuilt) <input checked="" type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Specify _____			Type <input type="checkbox"/> Annual <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> AAIP <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Condition Inspection		Date Performed (M/D/Y) <u>5-15-2002</u> Airframe Total Time at Last Inspection _____ Hours Airframe Time Since Last Inspection <u>16.5</u> Hours		
Emergency Locator Transmitter (ELT)	ELT Manufacturer <u>NARCO</u>	Model/Series <u>ELT 10</u>	Serial Number		Battery Date (M/D/Y) <u>Exp 8/02</u>		
	Switch <input type="checkbox"/> On <input type="checkbox"/> Off <input checked="" type="checkbox"/> Armed	Operated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Aided In Accident Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown/NA		Battery Type (Alkaline, Lithium, etc.)		
Registered Aircraft Owner <u>Larry's Flying Service</u>				City <u>Fairbanks</u> State <u>Alaska</u>			
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name <u>Larry Chenaille</u> Doing Business As: <u>Larry's Flying Service</u>				City/State <input checked="" type="checkbox"/> Same As Registered Owner			
Air Carrier/Operator Designator (4 Character Designator) <u>J6</u>							
Type of Operation <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 125 <input checked="" type="checkbox"/> FAR 135 <input checked="" 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 checked="" type="checkbox"/> Cargo <input type="checkbox"/> International <input type="checkbox"/> Passenger		Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Passenger (How many? <u>0</u>) <input type="checkbox"/> Cargo (<u>369</u> lbs.) <input checked="" type="checkbox"/> Other (Specify) <u>Mail 369 lbs.</u>		Public Use <input type="checkbox"/> Yes <input checked="" 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 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 Name <u>Bret Yancy Dunkley</u>		City <u>Kotzebue</u> State <u>Alaska</u>		Nationality <u>USA</u>	
Certificate(s) <input type="checkbox"/> Student <input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Other _____ <input type="checkbox"/> Airline Transport					
Rating(s) <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Glider <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Free Balloon <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Airship <input type="checkbox"/> Multiengine Sea <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 type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <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) <u>7-25-01</u>		Flight Review Aircraft Make <u>PIPER</u> Model <u>PA32R</u>	
Medical Certificate <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 3		Date of Last Medical (M/D/Y) <u>4-1-02</u>		Limitations <u>NONE</u> Waivers <u>NONE</u>	
Age <u>38</u> Principal Occupation <u>Pilot</u>					
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"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center		Person Manipulating Controls At Time Of Accident <input checked="" type="checkbox"/> First Pilot <input type="checkbox"/> Both Pilots <input type="checkbox"/> No One <input type="checkbox"/> Second Pilot <input type="checkbox"/> Non-Pilot Who was pilot in command? <u>Bret Yancy Dunkley</u>	
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"/> Company <input type="checkbox"/> Pilot/Operators Estimate <input type="checkbox"/> Specify _____ <input type="checkbox"/> FAA Records					
Flight Time	ALL A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night
					Instrument
					Actual Simulated
Total Time	<u>3400</u>	<u>1700</u>	<u>3370</u>	<u>28.2</u>	<u>189.5</u> <u>79</u> <u>51.7</u>
Pilot In Command (PIC)	<u>3260</u>	<u>1680</u>	<u>3260</u>	<u>0</u>	<u>180</u>
Instructor					
This Make/Model					
Last 90 Days	<u>238</u>	<u>238</u>	<u>238</u>	<u>0</u>	
Last 30 Days	<u>76.7</u>	<u>76.7</u>	<u>76.7</u>	<u>0</u>	
Last 24 Hours	<u>3.3</u>	<u>3.3</u>	<u>3.3</u>	<u>0</u>	
FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID <u>ORV</u> City <u>Noorvik</u> State <u>ALASKA</u>		Time of Departure Time <u>1024</u> Time Zone <u>AKOT</u>		Destination Airport ID <u>IAN</u> City <u>Kiana</u> State <u>ALASKA</u>	
Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input checked="" type="checkbox"/> VFR <input checked="" type="checkbox"/> Company <input type="checkbox"/> IFR <input type="checkbox"/> Military					
Type of ATC Clearance/Service <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory					
Airspace where the accident occurred <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Student Jet Training Area <input type="checkbox"/> Class B <input type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operating Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Special					
Load Description <input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Water <input checked="" type="checkbox"/> Other <u>MAIL</u> <input type="checkbox"/> Passengers <input type="checkbox"/> Other External <input type="checkbox"/> Chemical <input type="checkbox"/> Cargo <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock					

Pilot "B" Responsibilities at the Time of Accident											
<input type="checkbox"/> Co-Pilot		<input type="checkbox"/> Dual Student		<input type="checkbox"/> Safety Pilot		<input type="checkbox"/> Check Pilot		<input type="checkbox"/> None (Pilot-Rated Passenger)			
Pilot Name			City _____ State _____			Nationality					
Certificate(s)											
<input type="checkbox"/> Student		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Military		<input type="checkbox"/> None			
<input type="checkbox"/> Private		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign		<input type="checkbox"/> Other _____			
Rating(s)				Instrument Rating(s)		Instructor Rating(s)					
<input type="checkbox"/> None		<input type="checkbox"/> Helicopter		<input type="checkbox"/> None		<input type="checkbox"/> None		<input type="checkbox"/> Instrument Airplane			
<input type="checkbox"/> Single-Engine Land		<input type="checkbox"/> Glider		<input type="checkbox"/> Airplane		<input type="checkbox"/> Airplane Single-Engine		<input type="checkbox"/> Instrument Helicopter			
<input type="checkbox"/> Single-Engine Sea		<input type="checkbox"/> Free Balloon		<input type="checkbox"/> Helicopter		<input type="checkbox"/> Airplane Multiengine		<input type="checkbox"/> Ground Instructor			
<input type="checkbox"/> Multiengine Land		<input type="checkbox"/> Airship				<input type="checkbox"/> Helicopter		<input type="checkbox"/> Glider			
<input type="checkbox"/> Multiengine Sea		<input type="checkbox"/> Gyroplane						<input type="checkbox"/> Specify _____			
Type Ratings/Student Endorsements (With Dates)			Date of Last Flight Review Or Equivalent (M/D/Y)			Flight Review Aircraft					
						Model _____ Make _____					
Medical Certificate		Date of Last Medical (M/D/Y)		Limitations			Age				
<input type="checkbox"/> None		<input type="checkbox"/> Class 2									
<input type="checkbox"/> Class 1		<input type="checkbox"/> Class 3									
				Waivers			Principal Occupation				
Degree of Injury		Seat Occupied		Person Manipulating Controls At Time Of Accident				Seat Belt Available			
<input type="checkbox"/> None		<input type="checkbox"/> Left		<input type="checkbox"/> Front		<input type="checkbox"/> First Pilot		<input type="checkbox"/> Non-Pilot		<input type="checkbox"/> No One	
<input type="checkbox"/> Minor		<input type="checkbox"/> Right		<input type="checkbox"/> Rear		<input type="checkbox"/> Second Pilot		<input type="checkbox"/> Both Pilots		<input type="checkbox"/> Yes	
<input type="checkbox"/> Serious		<input type="checkbox"/> Center								<input type="checkbox"/> No	
<input type="checkbox"/> Fatal											
				Who was pilot in command?							
Seat Belt Used		Shoulder Harness Available		Shoulder Harness Used		Source of Pilot Flight Time Information					
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Pilot Logbook		<input type="checkbox"/> Company			
<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Pilot/Operator Estimate		<input type="checkbox"/> Specify _____			
						<input type="checkbox"/> FAA Records					
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
						Actual	Simulated				
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.											
2.											
3.											
4.											
5.											
6.											

Source of Weather information (Pilot/Operator, Weather Observation Facility)		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Bright Night		Visibility CVAU Miles	Temp _____ (C) _____ or _____ (F)												
Dew Point _____ (C) _____ or _____ (F)	Altimeter Setting _____ MB _____ or _____ HG	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few _____ Feet AGL <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscuration-Vertical Visibility _____ Ft. AGL															
Wind Information Direction _____ True or _____ Mag Velocity <u>Calm</u> KTS Gusts _____ KTS		Density Altitude _____ Feet	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Specify _____														
Restriction to Visibility <input checked="" type="checkbox"/> None <input type="checkbox"/> Haze <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Fog <input type="checkbox"/> Mist <input type="checkbox"/> Ice Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Other _____		Type of Precipitation <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Other _____		Icing <table border="0" style="width:100%;"> <tr> <th style="text-align: left;">FORECAST</th> <th style="text-align: left;">ACTUAL</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Trace</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Severe</td> </tr> </table>		FORECAST	ACTUAL	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Trace	<input type="checkbox"/> Trace	<input type="checkbox"/> Light	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe
FORECAST	ACTUAL																
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None																
<input type="checkbox"/> Trace	<input type="checkbox"/> Trace																
<input type="checkbox"/> Light	<input type="checkbox"/> Light																
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate																
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe																
Source of Weather Briefing <input type="checkbox"/> None <input type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> PATWAS/ATIS <input type="checkbox"/> Voice Response System <input type="checkbox"/> Other _____ <input type="checkbox"/> Commercial Weather Service <input type="checkbox"/> Company <input type="checkbox"/> TV/Radio <input type="checkbox"/> Military <input type="checkbox"/> DUAT		Method of Briefing <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio		Weather Observation Facility Facility ID: <u>OTZ</u> Obs Time: <u>0930 LOCAL</u> Time Zone: <u>AKST</u> Distance from Accident Site: <u>40 NM</u> Direction from Accident Site: <u>SW</u>													
Briefing Type/Completeness <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Abbreviated <input type="checkbox"/> Outlook <input type="checkbox"/> Limited By Pilot <input type="checkbox"/> Limited By Briefer <input type="checkbox"/> Full		Turbulence (Multiple entry) <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme <input type="checkbox"/> In Clouds <input type="checkbox"/> Light Chop <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Vicinity of Thunderstorm <input checked="" type="checkbox"/> Clear Air <input type="checkbox"/> Moderate Chop															
Notams, Airmets, Sigmet																	
FUEL & SERVICES INFORMATION																	
Fuel on Board at Last Takeoff <u>85</u> Gallons _____ or _____ Pounds		Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 <input type="checkbox"/> Specify _____															
Other Services, If Any, Prior to Departure																	
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"/> On-Ground <input type="checkbox"/> In-Flight		Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> On-Ground <input type="checkbox"/> In-Flight													
Description of Damage to Aircraft and Other Property <u>A severe fuselage damage</u>																	
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)																	
<input type="checkbox"/> No If yes, list the name of the part, manufacturer, part no., serial no. and describe the failure. <input type="checkbox"/> Yes		Total Time/Cycles On Part _____ Hours		Time Since This Part Inspected/Overhauled _____ Hours													

Pilot (C) 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 (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 <div style="text-align: center;">•</div>	
Registered Aircraft Owner				City/State (ONLY)	
Pilot (F) Name				City/State (ONLY)	
EVACUATION OF AIRCRAFT					
Assistance Received <input 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.					
Operator/Owner Safety Recommendation (Optional)					

N9243K Accident Description:

I was on a VFR flight from OTZ to ORV-¹⁰⁵IAN-ABL-SHG-OBV-WLK back to OTZ. I had just taken off from ORV on my way to IAN. I was only a few minutes into that leg of the flight when I sensed a ¹⁰⁵loss of power. At that point I noticed my fuel flow was down to 15gph. I then turned the electric fuel pump back on as I turned back towards ORV. I then switched tanks and at no time did I have an increase in power. Power ¹⁰⁵loss was somewhat gradual through out and engine never quit running. I was unable to maintain altitude and made an emergency landing on the tundra 4mi NE of ORV.

Bret Y Dunkley

~~Bret Y Dunkley~~

See Flight Log for Point of Departure
intended destination & time of departure.

DATE: 5-24-02

FLIGHT: 524/515

SEATS ON BOARD: 1

TIME: 0830R

OR: 2243K

NO. DUNKLEY

PAGE 1 OF 2

SEAT	MISC	TICKET	PASSENGER NAME/WEIGHT	FROM	TO	MASS/FEW	MAIL	MAX WT	TOTAL
		5 PC	MAIL	DZ ORV			196		196
		2 PC	"	JAN			102		102
		4 PC	"	ABA			40		40
		5 PC	"	SHG			134		134
		2 PC	"	ORV			12		12
		5 PC	"	WLR			81		81
									565

FROM: TO: #PAX:

CONFIG: TON:

MTOW:

FUEL ON BOARD:

MIN CG: MAX CG: PREP BY:

CG LOCATION:

FROM: TO: #PAX:

CONFIG: TON:

MTOW:

FUEL ON BOARD:

MIN CG: MAX CG: PREP BY:

CG LOCATION:

FROM: TO: #PAX:

CONFIG: TON:

MTOW:

FUEL ON BOARD:

MIN CG: MAX CG: PREP BY:

CG LOCATION:

FROM: TO: #PAX:

CONFIG: TON:

MTOW:

FUEL ON BOARD:

MIN CG: MAX CG: PREP BY:

CG LOCATION:

DATE	TIME	FROM	TO	MASS/FEW	MAIL	MAX WT	TOTAL
0950	1010	1030	1105	1130	1145		

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 TRUE TO THE BEST OF MY KNOWLEDGE

Date of this Report

6-19-02

Signature of Pilot/Operator

Signature of Person Filing Report If Other than Pilot/Operator

1. Signature

2. Type or Print Name

3. Title

NTSB Accident/Incident No.

ANC024A040

Reviewed by NTSB Office Located At

ANCHORAGE, AK

Name of Investigator

C. JOHNSON

Date Report Received

7/21/02

PILOT CERTIFICATE INFORMATION**Aircraft Registration Number:**

N9243K

Pilot A**Name:**

Bret Y. Dunkley

Pilot Certificate Number:**Pilot B****Name:****Pilot Certificate Number:****Pilot C****Name:****Pilot Certificate Number:****Pilot D****Name:****Pilot Certificate Number:****Pilot E****Name:****Pilot Certificate Number:****COLLISION ACCIDENT (If Air or Ground Collision Occurred, Complete the Information for Other Aircraft Pilot)****Aircraft Registration Number:****Pilot F****Name:****Pilot Certificate Number:**