

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**  
This form To Be Used For Reporting Civil Aircraft Accidents  
Involving Commercial and General Aviation Aircraft

**Location**

<b>Nearest City/Place, State, Zip Code</b> JUNEAU, AK, 99801	<b>Date of Accident</b> Sept 11, 1999	<b>Local Time</b> (24 HOUR CLOCK) 14:20	<b>Zone</b> AST	<b>Elevation At Accident Site</b> 500 Feet MSL ____ Feet MSL
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If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

**Proximity To Airport**

- |   |   |  |  |
|---|---|--|--|
| 1. <input type="checkbox"/> On Approach     | 3. <input type="checkbox"/> Within 1/2 Mile | 5. <input type="checkbox"/> Within 1 Mile  | 7. <input type="checkbox"/> Within 3 Miles |
| 2. <input type="checkbox"/> Within 1/4 Mile | 4. <input type="checkbox"/> Within 3/4 Mile | 6. <input type="checkbox"/> Within 2 Miles | 8. <input type="checkbox"/> Beyond 3 Miles |

<b>Airport Name</b>	<b>Airport Ident</b>	<b>Runway/Landing Surface Conditions:</b>
		1. <input type="checkbox"/> Direction:      3. <input type="checkbox"/> Width:      5. <input type="checkbox"/> Condition:
		2. <input type="checkbox"/> Length:      4. <input type="checkbox"/> Surface:

**Phase Of Operation:**

- |                                      |                                     |                                     |  |  |
|--------------------------------------|-------------------------------------|-------------------------------------|--|--|
| 1. <input type="checkbox"/> Standing | 3. <input type="checkbox"/> Takeoff | 5. <input type="checkbox"/> Cruise  | 7. <input type="checkbox"/> Approach           | 9. <input type="checkbox"/> Hover/Maneuver                                   |
| 2. <input type="checkbox"/> Taxi     | 4. <input type="checkbox"/> Climb   | 6. <input type="checkbox"/> Descent | 8. <input checked="" type="checkbox"/> Landing | 10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL |

**Aircraft Information**

<b>Registration Mark</b> N6052C	<b>Aircraft Manufacturer</b> Eurocopter	<b>Aircraft Type/Model</b> AS350B2	<b>Serial Number</b> 2586	<b>Cert Max Gross WT</b> 4961
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<b>Type Of Aircraft</b>	<b>Type Of Airworthiness Certificate</b>	<b>Amateur Built</b>
1. <input type="checkbox"/> Airplane 2. <input checked="" type="checkbox"/> Helicopter 3. <input type="checkbox"/> Glider 4. <input type="checkbox"/> Balloon 5. <input type="checkbox"/> Blimp/Dirigible 6. <input type="checkbox"/> Ultralight 7. <input type="checkbox"/> Gyroplane 8. <input type="checkbox"/> Specify _____	1. <input checked="" type="checkbox"/> Normal 2. <input type="checkbox"/> Utility 3. <input type="checkbox"/> Acrobatic 4. <input type="checkbox"/> Transport 5. <input type="checkbox"/> Restricted 6. <input type="checkbox"/> Limited 7. <input type="checkbox"/> Experimental 8. <input type="checkbox"/> Specify _____	1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No

**Landing Gear**

- |  |   |   |  |
|--|---|---|--|
| 1. <input type="checkbox"/> Tricycle—Fixed       | 4. <input type="checkbox"/> Tailwheel—Retractable       | 7. <input checked="" type="checkbox"/> Skid | <b>No. Of Seats</b><br>Flight/Cabin<br>Crew 4<br>Pax 6 |
| 2. <input type="checkbox"/> Tricycle—Retractable | 5. <input type="checkbox"/> Tailwheel—Retractable Mains | 8. <input type="checkbox"/> Limited         |  |
| 3. <input type="checkbox"/> Tailwheel—Fixed      | 6. <input type="checkbox"/> Amphibian                   | 9. <input type="checkbox"/> Specify _____   |  |

<b>Stall Warning System Installed</b>	<b>IFR Equipped</b>	<b>Engine Type</b>
1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No	1. <input type="checkbox"/> Reciprocating—Carburetor 2. <input type="checkbox"/> Reciprocating—Fuel Injected 3. <input type="checkbox"/> Turbo Prop 4. <input type="checkbox"/> Turbo Jet 5. <input type="checkbox"/> Turbo Fan 6. <input checked="" type="checkbox"/> Turbo Shaft

<b>Engine Manufacturer</b> Turbo-meca	<b>Engine Model/Series</b> Arriel 1D1	<b>Engine Rated Power</b> 1. _____ Horsepower 2. _____ Lbs Thrust	<b>Type Of Fire Extinguishing System Used</b> 1. None 2. Specify _____
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Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1		9183	<del>494.9</del> 3672.4 Hours	18.1 Hours	494.9 Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

<b>Type Of Maintenance Program</b>	<b>Type Of Last Inspection</b>	<b>Date Last Inspection Performed</b>
1. <input checked="" type="checkbox"/> Annual 2. <input checked="" type="checkbox"/> Manufacturer's Inspection Program 3. <input type="checkbox"/> Other Approved Inspection Program(AAIP) 4. <input type="checkbox"/> Continuous Airworthiness 5. <input type="checkbox"/> Specify _____	1. <input type="checkbox"/> Annual 2. <input checked="" type="checkbox"/> 100 Hours 3. <input type="checkbox"/> AAIP 4. <input type="checkbox"/> Continuous Airworthiness	9-5-99 (MDM) Time Since Last Inspection <del>372.6</del> 18.1 Hours Airframe Total Time 3726.5 Hours

<b>Emergency Locator Transmitter (ELT)</b>	<b>ELT Manufacturer</b> NARCO	<b>Model/Series</b> 910	<b>Serial Number</b>	<b>Battery Date</b> (MDM) 4-2000
	<b>Switch</b> 1. <input checked="" type="checkbox"/> On    2. <input type="checkbox"/> Off    3. <input type="checkbox"/> Armed	<b>Operated</b> 1. <input checked="" type="checkbox"/> Yes    2. <input type="checkbox"/> No	<b>Aided In Accident Location</b> 1. <input type="checkbox"/> Yes    2. <input checked="" type="checkbox"/> No	

<b>Registered Aircraft Owner</b> TEMSCO HELICOPTERS	<b>Address</b> MILE 5 N. TONGASS PO BOX 5057 KETCHIKAN, AK 99901
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<b>Operator Of Aircraft</b>	<b>Address</b>
1. <input checked="" type="checkbox"/> Same As Registered Owner 2. Name _____ 3. DBS: _____	1. <input checked="" type="checkbox"/> Same As Registered Owner 2. _____

<b>Owner / Operator Information (cont.)</b>											
Operator (Certificate Number) <div style="background-color: black; color: white; padding: 2px;">[REDACTED]</div> <i>ARP</i>			Operator Designator (4 Letter Designator)								
<b>Purpose Of Flight And Type Of Operation</b>											
<b>Regulation Flight Conductor Under</b> 1. <input checked="" type="checkbox"/> FAR91 (only)    4. <input type="checkbox"/> FAR 121    7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D    5. <input type="checkbox"/> FAR 125    8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103    6. <input type="checkbox"/> FAR 129    9. <input type="checkbox"/> FAR 137					<b>Operator Authority</b> FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental  FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load  FAR125 7. <input type="checkbox"/> Large Aircraft  FAR 129 8. <input type="checkbox"/> Foreign		<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____	
<b>Purpose of Flight</b> 1. <input type="checkbox"/> Personal 2. <input type="checkbox"/> Business 3. <input type="checkbox"/> Educational 4. <input type="checkbox"/> Executive/Corporate 5. <input type="checkbox"/> Aerial Application 6. <input type="checkbox"/> Aerial Observation 7. <input checked="" type="checkbox"/> Other Work Use 8. <input type="checkbox"/> Public Use 9. <input type="checkbox"/> Ferry 10. <input type="checkbox"/> Positioning											
<b>Pilot Information</b>											
Pilot Name <i>MIKE KUNKEL</i>			Pilot Certificate No. <div style="background-color: black; color: white; padding: 2px;">[REDACTED]</div>		Address <i>AK 99801</i>			Nationality <i>U.S.A</i>			
<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input checked="" type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____											
<b>Rating (s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input checked="" type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane			<b>Instrument Rating (s)</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating (s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input checked="" type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____						
<b>Type Ratings/Student Endorsements</b>			<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b> <i>4/25/99</i> <i>02/25/99 CFI Renewal</i>		<b>BFR Aircraft</b> 1. Make <i>Eurocopter</i> 2. Model <i>AS350</i>						
<b>Medical Certificate</b> 1. <input type="checkbox"/> None    3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3			<b>Date Of Last Medical (M/D/Y)</b> <i>02/04/99</i>		<b>Limitations</b> <i>NONE</i>			<b>Date Of Birth (M/D/Y)</b> <div style="background-color: black; color: white; padding: 2px;">[REDACTED]</div> <i>71</i>			
<b>Degree Of Injury</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input type="checkbox"/> Left    4. <input type="checkbox"/> Front 2. <input checked="" type="checkbox"/> Right    5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		<b>Person At Controls At Time Of Accident</b> 1. <input checked="" type="checkbox"/> Pilot In Control    4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot    5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots			<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No				
<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Source Of Pilot Flight Time Information</b> 1. <input checked="" type="checkbox"/> Pilot Logbook    4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate    5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records					
<b>Flight Time</b>		<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time		<i>2396.2</i>	<i>1537.2</i>	—	—	<i>100.5</i>	Actual Simulated		<i>2396.2</i>	—	—
Pilot In Command (PIC)		<i>2336.2</i>	<i>1537.2</i>	—	—	<i>92.7</i>	— —		<i>2336.2</i>	—	—
Instructor		<i>800</i>	—	—	—	<i>8230.4</i>	— —		<i>800.</i>	—	—
This Make & Model						<i>89.2</i>	— —				
Last 90 Days		<i>170.3</i>	<i>120.3</i>	—	—	—	— —		<i>170.3</i>	—	—
Last 30 Days		<i>47.3</i>	<i>47.3</i>	—	—	—	— —		<i>47.3</i>	—	—
Last 24 Hours		<i>40</i>	<i>4.0</i>	—	—	—	— —		<i>4.0</i>	—	—
<b>Second Pilot Information</b>											
<b>Second Pilot Responsibilities At The Time Of Accident</b> 1. <input type="checkbox"/> Co-Pilot    2. <input type="checkbox"/> Dual Student    3. <input type="checkbox"/> Safety Pilot    4. <input type="checkbox"/> Check Pilot    5. <input checked="" type="checkbox"/> None (Pilot-Rated Passenger)											
Pilot Name			Pilot Certificate No.		Address			Nationality			
<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. <input type="checkbox"/> Specify _____											

<b>Second Pilot Information (cont.)</b>																	
<b>Rating (s)</b>				<b>Instrument Rating (s)</b>				<b>Instructor Rating (s)</b>									
1. <input type="checkbox"/> None		6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None		1. <input type="checkbox"/> None		1. <input type="checkbox"/> None		6. <input type="checkbox"/> Instrument Airplane							
2. <input type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		2. <input type="checkbox"/> Airplane		2. <input type="checkbox"/> Airplane S.E.		2. <input type="checkbox"/> Airplane S.E.		7. <input type="checkbox"/> Instrument Helicopter							
3. <input type="checkbox"/> Single Engine Sea		8. <input type="checkbox"/> Free Balloon		3. <input type="checkbox"/> Helicopter		3. <input type="checkbox"/> Airplane M.E.		3. <input type="checkbox"/> Airplane M.E.		8. <input type="checkbox"/> Ground Instructor							
4. <input type="checkbox"/> Multiengine Land		9. <input type="checkbox"/> Airship				4. <input type="checkbox"/> Helicopter		4. <input type="checkbox"/> Helicopter		9. <input type="checkbox"/> Specify _____							
5. <input type="checkbox"/> Multiengine Sea		10. <input type="checkbox"/> Gyroplane				5. <input type="checkbox"/> Glider		5. <input type="checkbox"/> Glider									
<b>Type Ratings/Student Endorsements</b>				<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b>				<b>BFR Aircraft</b> 1. Make _____ 2. Model _____									
<b>Medical Certificate</b>			<b>Date Of Last Medical (M/D/Y)</b>			<b>Limitations</b>			<b>Date Of Birth (M/D/Y)</b>								
1. <input type="checkbox"/> None      3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3						<b>Waivers</b>											
<b>Degree Of Injury</b>			<b>Seat Occupied</b>						<b>Seat Belt Available</b>								
1. <input type="checkbox"/> None      3. <input type="checkbox"/> Serious 2. <input type="checkbox"/> Minor     4. <input type="checkbox"/> Fatal			1. <input type="checkbox"/> Left      3. <input type="checkbox"/> Center      5. <input type="checkbox"/> Rear 2. <input type="checkbox"/> Right     4. <input type="checkbox"/> Front						1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								
<b>Seat Belt Used</b>		<b>Shoulder Harness Available</b>		<b>Shoulder Harness Used</b>		1. <input type="checkbox"/> Pilot Logbook      4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate    5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records											
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No													
<b>Flight Time</b>		<b>This Make &amp; Model</b>		<b>Airplane Single Engine</b>		<b>Airplane Multiengine</b>		<b>Night</b>		<b>Instrument</b>		<b>Rotorcraft</b>		<b>Glider</b>		<b>Lighter Than Air</b>	
										Actual Simulated							
Total Time																	
Pilot In Command (PIC)																	
Instructor																	
This Make & Model																	
Last 90 Days																	
Last 30 Days																	
Last 24 Hours																	
<b>Other Personnel</b>																	
<b>Name</b>		<b>Seat</b>		<b>Address (City &amp; State)</b>		<b>Crew</b>		<b>Non-Revenue</b>		<b>Revenue</b>		<b>Non-Occupant</b>		<b>FAA</b>		<b>Fatal Serious Minor None</b>	
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
<b>Flight Itinerary Information</b>																	
<b>Last Departure Point</b>				<b>Time Of Departure</b>				<b>Destination</b>				<b>Flight Plan Filed</b>					
1. Airport ID <u>JNU</u>				1. Time <u>13:45</u>				1. Airport ID _____				1. <input type="checkbox"/> None      4. <input type="checkbox"/> VFR/IFR					
2. City/Place <u>JUNEAU</u>								2. City/Place _____				2. <input type="checkbox"/> VFR      5. <input checked="" type="checkbox"/> Company (VFR)					
3. State <u>AK</u>								3. State _____				3. <input type="checkbox"/> IFR      6. <input type="checkbox"/> Military (VFR)					
2. Time Zone _____																	
If Weather Was Involved, State If Weather Briefing Was Obtained Or If Weather Reports Were Checked And How It Was Accomplished <u>Company Weather Briefing</u>																	
<b>Fuel On Board At Last Takeoff</b> <u>70</u> Gallons or Pounds						<b>Fuel Type</b> 1. <input type="checkbox"/> 80/87      4. <input type="checkbox"/> 115/145 2. <input type="checkbox"/> 100 Low Lead    5. <input checked="" type="checkbox"/> Jet A 3. <input type="checkbox"/> 100/130      6. <input type="checkbox"/> Automotive						7. Specify _____					
<b>Other Services, If Any, Prior to Departure</b>																	
<b>Weather Information At The Accident Site</b>																	
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b> <u>Pilot</u>						<b>Light Condition</b> 1. <input checked="" type="checkbox"/> Dawn      3. <input type="checkbox"/> Dusk      5. <input type="checkbox"/> Dark Night 2. <input checked="" type="checkbox"/> Daylight    4. <input type="checkbox"/> Bright Night						<b>Visibility</b> <u>6</u> Miles		<b>Temp (°F)</b> <u>45</u>			

Weather Information At The Accident Site (cont.)									
Dew Point  (°F)	Altimeter Setting  "Hg	Sky/Lowest Cloud Condition 1. <input type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL 4. <input checked="" type="checkbox"/> Overcast <u>700</u> Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured							
Wind Information 1. Direction <u>S</u> 2. Velocity <u>S</u> Kts 3. Gusts _____ Kts		Restriction To Visibility	Type Precipitation <u>NONE</u>	Intensity Of Precipitation 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate 3. <input type="checkbox"/> Heavy 4. Specify _____					
Turbulence (Multiple Entry) 1. <input checked="" type="checkbox"/> None    2. <input type="checkbox"/> Light    3. <input type="checkbox"/> Moderate    4. <input type="checkbox"/> Severe    5. <input type="checkbox"/> Extreme    6. <input type="checkbox"/> Clean Air    7. <input type="checkbox"/> In Clouds									
<b>Damage To Aircraft And Other Property</b>									
Degree Of Aircraft Damage 1. <input type="checkbox"/> None    2. <input type="checkbox"/> Minor    3. <input checked="" type="checkbox"/> Substantial    4. <input type="checkbox"/> Destroyed				Fire 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No    3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground					
Description Of Damage To Aircraft And Other Property									
<b>Mechanical Malfunction Failure</b>									
1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes    List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Total Time</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; text-align: center; padding: 2px;">On Part  _____ Hours</td> <td style="width: 50%; text-align: center; padding: 2px;">At Overhaul  _____ Hours</td> </tr> </tbody> </table>				Total Time		On Part  _____ Hours	At Overhaul  _____ Hours
Total Time									
On Part  _____ Hours	At Overhaul  _____ Hours								
<b>Collision Accident</b>									
If Collision Accident Occurred, Complete The Information For Other Aircraft									
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage 1. <input type="checkbox"/> Destroyed    3. <input type="checkbox"/> Minor 2. <input type="checkbox"/> Substantial    4. <input type="checkbox"/> None						
Registered Aircraft Owner			Address						
Pilot Name		Address		Pilot Certificate No.					
<b>Evacuation Of Aircraft</b>									
Assistance Received 1. <input type="checkbox"/> Outside Person (s)    3. <input type="checkbox"/> Slide    5. <input type="checkbox"/> Ladder 2. <input type="checkbox"/> Auxiliary Lighting    4. <input type="checkbox"/> Rope    6. <input checked="" type="checkbox"/> Specify <u>NONE</u>									
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door <u>✓</u> 2. Auxiliary Door _____    3. Emergency Exit _____									
<b>Recommendation (How Could This Accident Have Been Prevented)</b>									
Operator/Owner Safety Recommendation (Optional Entry)									

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
<b>Certificate(s)</b> <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student  2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial  4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor  6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign  8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
<b>Certificate(s)</b> <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student  2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial  4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor  6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign  8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____
Name _____	FAA Certificate No. _____	Address _____ _____	Title _____
<b>Certificate(s)</b> <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Student  2. <input type="checkbox"/> Private </div> <div> 3. <input type="checkbox"/> Commercial  4. <input type="checkbox"/> Airline Transport </div> <div> 5. <input type="checkbox"/> Flight Instructor  6. <input type="checkbox"/> Flight Engineer </div> <div> 7. <input type="checkbox"/> Foreign  8. Specify _____ </div> </div>			
Ratings/Endorsements _____		Total Flight Time _____	Flight Time This Accident _____

**Narrative History Of Flight**

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

**For NTSB Use Only**

NTSB Accident No.

Reviewed By NTSB Office Located At

Name Of Investigator

Date Report Received

Anc99LA140

NWFA

Clinton Johnson

9/21/99

On September 11, 1999 at approximately 1:45 pm, I began a flight in 6052C to assist in search for 6007S. On board with me at the time was Richard Peabody, also a TEMSCO pilot. We departed west from Juneau airport and communicated with Gil Howell (in 6015S) who had initiated the search. Gil was inbound to Juneau to refuel. We discussed where he had searched and I concluded that I would start my search from the Herbert glacier. The top of the Herbert glacier was closed so I proceeded to the top of the Mendenhall glacier and continued my search of the East Branch. I flew north along the East branch and continued to the Gilkey glacier. From the Gilkey, I searched up the Butcher glacier and turned near the top. I then continued back towards the icefield. Upon entering the icefield, I realized that the weather was changing. I continued west to the top of the Battle glacier. Upon approach to the Battle glacier, the weather was now decreasing quickly, closing the icefield exits to the west. I turned right 180 degrees back towards the north end of the East Branch. Upon reaching Tricom Peak, the icefield exits to the north and east appeared to be closed or closing. I reduced airspeed to approximately 15 Kts in order to re-evaluate the situation and explore my options including landing. I proceeded along the west ridge of the East Branch using the dark ridge off my right as a clear reference. Visibility in front was enough to see all the way to the top of the Herbert (greater than 3 miles). The ceiling sloped down to the east 45 degrees from horizontal with a height at the ridge of approximately 700-ft. The aircraft rolled right after landing on the snow. After fuel shut off and initial investigation, I relayed my position to Gil in 6015S. After establishing shelter we waited for assistance. While we waited we observed the surface visibility change from approximately 1/2 mile to >5 miles within 20 minutes. This cycle continued as Deron Hehr flying 6099Y arrived and both Richard and I boarded the aircraft.