NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASI	CINFORMA	TION											
Accide	nt/Incident Loc	ation					Ac	cident/Incid	ent Date/T	ime			
Nearest (City/Place: Coffr	man Cove			State: A	.k	Dat	e: 07/0	9/2021	Loc	cal Time:	6:40am	
ZIP: 99	<mark>918</mark> (Country: USA	Α					mm/da	t/yyyy				
Latitude	N 56* 00.650	<u>' </u>	Longitude: W13	2*50.400)					111	me Zone: /	AK	
	(Enter in decima	l degrees or d	legrees:minutes:sec	conds)			Col	llision with	Other Air	eraft: C) Midair	OOn-groun	d O None
AIRCI	RAFT INFO	RMATIO	N										
Registr	ation Number:	N9279Z						□ IFR-Equip □ Commerci					
Manufa	icturer: <u>DeHa</u>	villand					Unmanned Aircraft						
							Maximum Gross Weight: 5370 lbs						
	lumber:						W	eight at Tin	ne of Accid	ent/Inci	dent: <u>430</u>	00	lbs
	Manufacture:			Number of Seat									
Amateu	ı r-Built: OYes ⊙ No		Kit/Plans Mak Original Design					bin Crew Seat			Passenger	Seats: 7	
Category of Aircraft Type of Airworthiness Certificate								ımber of En	gines: 1		_		
_	*	Type of A (Check all to		rtificate		Landing Ge		unhi)		_	Type (Se		d Doolsot
O Airpla OBallo		Standar				(Check all the		actable			procating o Shaft	O Solid	d Rocket Rocket
	Dirigible	✓ Norma	1	ted		☐Tricycle	recu		ailwheel	O Turb		•	d Rocket
OGlider			_					_		O Turb		ONone	
OGyroplane ☐ Balloon ☐ Prov OHelicopter ☐ Commuter ☐ Spec			_			☐ Amphibia ☐ Emergence			igh Skid	O Turb O Elect		OUnkn	own
	O Helicopter					✓ Float	y I'i			OLICCI	uic		
_	ORocket Utility Spe			al Light-Sport				□Si	ci/Wheel	Fuel Sys	stem Type	(Reciprocativ	ıg)
O Unknown			-	_	· ·	Other Lau	ınch/	Recovery Sys	tem	⊙ Carb		O Fuel-	
Onkii	own	☐Certificate ☐None	of Authorization	or Waiver Unknown	(COA)	☐ None			nknown				
				l		Т	Date	Rated Pow		Total	Time		
Engine	Engine Manufa	cturer	Engine Model/Series			acturer's Number		of Mfg. mm/dd/yyyy	O Horsep O lbs of		Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1	Engine Manuia	cturei	Wiodel/Series		Scriari	· umbei	\dashv	тт аа уууу	0 103 01	must	(nours)	(nours)	(Hours)
Eng. 2							╅						
Eng. 3													
Eng. 4							Д						
Last In	spection Type			Propelle	er 1	○Fixed P ○Control		e Pitch	Prope	ller 2	•	Fixed Pitch Controllable I	Pitch
⊙ 100-H		inuous Airwo				OGround					_	Ground Adjus	
O AAIP O Annu	OCond al OUnki	ditional Inspec	ction	Manufac	turer:				Manu	facturer:			
	ast Inspection:			Model: _									
Date La	ist inspection.	mm/dd/yy	yy	ELT In:	stalled:	⊙ Yes ○	No				ipment (Check all that	apply)
Airfran	ne Total Time:		hrs	If Yes:					☑ AD:	s-B rame Para	chute		
	s measured at (S	,				er: .:			. –		ck Indicato	r	
OL	ast Inspection	OTime of A	ccident/Incident			 (121.5 MHz) C		la (121.5 MH:	Z) Auto		_		
	Maintenance I	Program (Se	lect one)			(406 MHz)				a Recorder tronic Flig		Handheld De	vice
O Annu	al itional (Amateur-l	wilt only)		Was ELT	Γ still mo	unted in aircra	ıft?	OYes ONo			ltifunction		
	facturer's Inspect					nected to anter		OYes ONG	∐Elec	tronic Pri dheld GPS	mary Fligh	t Display	
O Other	Approved Inspec	tion Program	(AAIP)			? OYes O	No			ds Up Dis			
	nuous Airworthin	ess		If activa		ocating Aircra	ft· /	OVes ONo	□Onb	oard Wea	ther		
	, specify: otion of Fire Ex	tinaniakia -	Swatam .		ctivated:	ocaung Antila	(CIG ONO		llite Track Warning	cing Device	•	
O None		unguisning	system	Indicate		□Impact Dat	mage	e			ing Device		
O Spec						Reason:							
						Battery Ex	pirec	d/Damaged					
						Unknown		_					

OWNER/OPERATOR INFORMA	ATION		
Registered Aircraft Owner		City: Ketchikan	
Name: Snow Mountain Enterprises LLC		State: Ak ZIP: 99901	
Fractional Ownership Aircraft: O Yes O	No	Country: USA	
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner	
Name: Southeast Aviation LLC		City: Ketchikan	
Doing Business As: Southeast Aviation L	LC	State: <u>Ak</u> ZIP: <u>99901</u>	
Air Carrier/Operator Designator (4 Character	er Code):	Country: USA	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un		
None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo □Foreign Air Carriers (FAR 129) □Rotorcraft External Load (FAR 133) □Commuter Air Carrier (FAR 135)	OFAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 103 OFAR 135 OFAR 121 OFAR 135 OFAR 125 OFAR 125 OFAR 137 OFAR	R 431 Non-Scheduled or Air Taxi International R 435	
☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation ☐ Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OF irefighting OUnknown O Aerial Observation OF light Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow OOther Work Use O Business OPersonal Executive/Corporate OPositioning	
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving	
O Yes O No	O Yes O No	o and	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport))
Airport Name: Coffman Cove Seaplan Airport Identifier: PAKC Proximity to Airport: O Off Airport/Airstri	e Base		
Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that all the land	ndam 🔃 Water I/Wood	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 Slush-Covered Vegetation Unknown	
Approach/Departure Segment (Select one,)		
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	edure/Clearance OC Instrument Ap	Approach OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown	
IFR Approach (Check all that apply) □None		VFR Approach (Check all that apply) □None	
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	□ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing □ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" Res O Pilot O Co-Pilot	ponsibilities at O Student Pilot	the Time of OFlight I		cident Check Pilot	O Fligh	t Engineer	O Other I	Flight Crew			
"Flight Crewmember 1" was	pilot flying	✓Yes □ N	No								
"Flight Crewmember 1" Idea	ntification										
First Name: Rolf					City of Re	sidence: C	le Elum W	Α			
Middle Initial: W					State: WA ZIP: 98922						
Last Name: Lanzendorfer					Country:						
Age at time of A	Accident/Incide	nt: <u>64</u>	Date of B	irth:	195		m/dd/yyyy				
		C	ertificate Num	ıber:							
Degree of Injury	Seat Occup	ied		R	estraint Ty	pe			Inflatable F	Restraints	
None	● Left	O Front	O Unknow	wn	Available Used O None O None						
O Minor O Unknown O Serious	O Right O Center	O Rear O Single									
Pilot Certificate(s) (Check all		0			O Lap or ⊙ 3 - poin		OLap only O3-point	y	☐ Installed ☐ Not Dep		
□ None □ Flight In		Commercial	☐ US M	ilitary	O 4-poin	t	O 4-point		☐ Deploy	ed	
☐ Private ☐ Recreation	n	O 5-poin O Unkno		O 5-point O Unknov	vn	☐ Unknov	vn				
☐ Student ☐ Sport	□.	Flight Enginee	er .		•	.,,==	Ū				
Principal Occupation M	ledical Certific	ate		M	edical Cer	tificate Va	lidity		Date of Las	t Medical	
		Class 3			Without lim			nknown	_04/06/202	24	
0) Driver's Lice) Unknown	ense (Sport Pilot		With limitat Special Issu		s ŌN	/A	mm/dd/yy		
Medical Certificate Limitation		,			•						
Holder shall possess glasses for near/intermidiate vision											
Medical Certificate Special Is	ssuance										
Date of Last Flight Review or Equivalent, Including		-	t Review Airo								
FAR 121/135 Checks:	05/12/2021	I	<u>DeHavilland</u>	<u> </u>							
	mm/dd/yyyy		ı: DHC-2								
Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that a			ent Rating	(s)		r Rating(s)				
□ None	✓ None	фріу)	□ None	l that apply)		(Check all ✓ None	tnat appty)		Instrument	Airnlane	
Single-Engine Land	☐ Airship		☐ Airpla			☐ Airplan	e Single-Eng	ine [Instrument		
✓ Single-Engine Sea✓ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico			☐ Airplan ☐ Gyropla	e Multi-Engii		Helicopter Glider		
✓ Multiengine Sea	☐ Gyroplane			ou Diii		Powere			Sport		
	☐ Helicopter☐ Powered Lift	t									
Type Ratings	_		'			Student I	Endorsemen	nts (Include	dates)		
TH. 1.4 TH. 47	П		Airplane	l		Inet	rument	I			
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengin	e Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time	15,526	7,962	13,525	50	+ -		11	1010101111	Gilder		
Pilot in Command (PIC)	15,386	7,962	14,888	29	_						
Time as Instructor											
This Make/Model					(0	0				
Last 90 Days	98	98	98		0 (0	0				
Last 30 Days	48	48	48			0	0				
Last 24 Hours	0	0	0	I	0 0	0	0	I	1	I	

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" FO Pilot O Co-Pilot		Time of Ac			OFlig	ght Engineer	OOther F	light Crew			
"Flight Crewmember 2" v	vas pilot flying Y	es 🔲 No)								
"Flight Crewmember 2" I	dentification										
First Name:				Cit	y of Re	sidence:					
Middle Initial:				State: ZIP:							
Last Name:					-						
	f Accident/Incident:										
1			icate Number:								
Degree of Injury	Seat Occupied	Certif		Rest	raint T	vpe			nflatable R	estraints	
O None O Fatal	OLeft C	OFront	OUnknown				Usad	1		esti units	
O Minor O Unknown O Serious		ORear OSingle		Available Used O None O None O Lap only O Lap only			O None		□ Not Inst	alled	
		Single					☐ Installed				
Pilot Certificate(s) (Check ☐ None ☐ Fligh			□ HC Military				☐ Not Dep ☐ Deploye				
☐ Private ☐ Recre	t Instructor	nerciai ne Transport	☐ US Military ☐ Foreign		O 5-po	int	O 5-point		Unknow		
☐ Student ☐ Sport			O Unki	nown	O Unknow	m					
Principal Occupation	Medical Certificate			Medi	ical Ce	rtificate Va	lidity	1	Date of Las	t Medical	
O Pilot	O None O Clas	ss 3				mitations/waiv	_	nknown	2110 01 2110		
O Other	O Class 1 O Driv	er's License	(Sport Pilot only)	O W	ith limit	ations/waivers			/11/		
O Unknown	O Class 2 O Unk	nown		O Sp	ecial Iss	suance			mm/dd/yy	yy	
Medical Certificate Limit	ations										
Medical Certificate Specia	ıl Issuance										
Date of Last Flight Review	v	Flight Re	eview Aircraft								
or Equivalent, Including		-									
FAR 121/135 Checks:	mm/dd/yyyy	Model:									
Airplane Rating(s)	Other Aircraft Ra		Instrument R	ating(s)	I	Instructor	Rating(s)				
(Check all that apply)	(Check all that apply)	0()	(Check all that a			(Check all th	017				
☐ None	☐ None		□None			☐ None			Instrument A	irplane	
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplane ☐ Helicopter				Single-Engin Multi-Engine		Instrument H Helicopter	elicopter	
☐ Multiengine Land	Glider		Powered Lift	;		Gyroplan			Glider		
☐ Multiengine Sea	Gyroplane					☐ Powered	Lift		Sport		
	☐ Helicopter☐ Powered Lift										
Type Ratings	_		'			Student Er	ıdorsement	s (Include de	ates)		
			Airplane			T					
Flight Time (Enter appropriate number of hours in each box)	1 1	s Make	Single Ai	rplane	NT: 1		rument	D. 6	GIL.	Lighter	
Total Time	Aircraft &	Model	Engine Mul	tiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
Pilot in Command (PIC)											
Time as Instructor	+ +										
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours							İ				

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Addi	ress						Seat Occupie	d	Injury	
First Name: Middle Initial: Last Name:		State	e:		ZIP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air	☐ Flight Instructor ☐ Recreational ☐ Sport	□ Airl	l	oort		hrs	Restraint Tyl Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	T7	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
Treetaent metaent /xii	103		or this r							
Crew Name and Addi	ress						Seat Occupie		Injury	
First Name: Middle Initial: Last Name:		State	e:		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (C None Private Student Type Rating/Endorse	☐ Flight Instructor ☐ Recreational ☐ Sport	1	Military reign t the Time		Restraint Tyl Available O None O Lap Only O 3-point O 4-point O 5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown			
Accident/Incident Air				ccident/Inci		hrs	O Unknown	O Unknown	Onknown	
PASSENGER(S) /	OTHER PERSO	ONNEL (Include c	abin crew; c	ontinue on se	eparate shee	t if necessary)	Inflatable	T	
Name and Address				Seat	Injury	Restraint T		Inflatable Restraints	Age	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years	
First Name: Middle Initial: Last Name: OCrew	State: Country:	ZIP:		OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held	
	OPassenger	Oot			1	Conkilowii	Chkhown		O Unknown	

FLIGHT ITINERARY	INFORMATIO	N						
Last Departure Point	Tin	ne of Departure	Destination	on		Type Fligh	t Plan I	iled
Airport ID: PAKC		6:40am	Airport ID:	PAkt		O None		O VFR/IFR
City: Coffman Cove		e: <u>6:40am</u>	City: Keto	hikan		O Company O Military		O IFR O Unknown
State: AK	Tim	e Zone: AK	State: AK			⊙ VFR	VIIC	O Chikhowh
Country: USA			Country: U	ISA		Activated?	⊙ Yes	ONo OUnknown
Type of ATC Clearance/S	ervice (Check all that	apply)						
	☐ Special VFR		cial IFR		☐ VFR Flight Follo		Crui	
_	□ IFR		R On Top		☐ Traffic Advisory	/	□Unk	nown / NA
☐ Class B	☑ Class G ☐ Demo Area	☐ Mil ☐ Air	itary Operations port Advisory A		☐Special ☐Air Traffic Contr	rol Area		de of In-Flight rrence:
☐ Class D	☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Jet '☐ TR:			□Unknown		_	ft msl
WEATHER INFORM				IT SITE				
Source of Pilot Weather I		L ACCIDEN	IMOIDEN	T	servation Facility			
(Check all that apply)	mior mation			Facility ID: PA	•			
☑ National Weather Service	☐ Cor			Observation Ti				
✓ Flight Service Station✓ TV/Radio	☐ Mil			Time Zone: Al	_			
☐ Automated Report	☐ Nor			_	Accident Site: 56			
☐ Commercial Weather Servi ☐ On-Board Weather	ce (DUATS) Unl	cnown		I	Accident Site: 308			e true
Basic Conditions		Light Conditi	ion	Direction from	Accident site. 300		_ degrees	tue
O VMC		ODawn	O Dusk	O Dark	Night OUn	known		
OIMC		ODay	ONight	OBrigh				
O Unknown					_			
Sky/Lowest Cloud Condit	ion O Thin Broken	Ceiling	•	01 1	Temperature:		(C) or _	(F)
O Clear O Few	O None (Clear) O Broken		Obscured Indefinite	Dew Point:	(C) or	(F)	
O Partial Obscuration	Thin OvercastUnknown	Overcast		Unknown				
O Scattered					Altimeter Sett	or		
Lowest Cloud Condition 1 600		Ceiling Heigh		ft agl				
_600	it agi	600		It agr				
Wind Direction	Wind Speed		Wind Gusts	1	Visibility	3	miles	
□ Variable	☑ Calm		☐ Not Gustin	ng	RVR	:		
-or-	☐ Light and Var	iable	-or-			:		
Direction:degrees tru		kts	Speed:	kts	Density Altitud			ft
Intensity of Precipitation	Type of Precipi	tation (Check all i	hat apply)		Restriction to	Visibility (C	heck all t	= that apply)
OLight	☑ None	□ Drizzle	☐ Freezin	g Rain	☐ None	□H	Fog	
OModerate	Rain	Ice Pellets	☐ Snow S	Shower ets Shower	☐ Blowing Du☐ Blowing Sa		Ground For Haze	og
OHeavy ON/A	□ Snow □ Hail	☐ Snow Pellet☐ Snow Grain	s		☐ Blowing Sn	ow 🔲 I	ce Fog	
⊙ Unknown	☐ Rain Showers	☐ Ice Crystals			☐ Blowing Sp ☐ Dust		Smoke Jnknown	
		1			+	<u> </u>	JIKHOWII	
Icing Forecast Amount Type		Icing Actual Amount	Type		Turbulence Type (Check a	II that apply)	Se	everity
		None	ON/A		✓ None	ii iiidi uppiy)		Light
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		☐ Clear Air ☐ Terrain-Indu	rced		Moderate Severe
O Moderate O Mixe		O Moderate	O Mixe		Convective			Extreme
O Severe O Unkn O Unknown	own	O Severe O Unknown	O Unkr	nown				
NOTAMs (D and FDC)	, AIRMETs, SIG	METs, PIREP	s in effect at	the time of th	e accident/incid	dent:		

DAMAGE	TO AIRCRAFT AN	ND OTHER PRO	OPERTY		
Aircraft Dam	age	Aircraft Fire		Aircraft Explosion	
O None O Minor	O Substantial O Destroyed O Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description o	f Damage to Aircraft a	nd Other Property	(Use additional sheet if necessary)		
	lamage to Floats, main It water intrusion.	ly rigging, Floats the	emselves intact. Left wing and str	ut damaged. Variuos	s dents scrapes etc fuselage
NARRATIV	E HISTORY OF FLIC	GHT (Please type o	r print in ink)		
		, ,,	g circumstances leading to and natu	ure of accident/incide	ant Describe terrain and include
wreckage dist		ent. Attach extra sheet	ets if needed. State departure time and		
min. WX requ for operations part of the ch	uirements. Coffman Co s. In addition there were annel. The area we use	ove is a moderately ove re approximately 40 se for operations. Die	overcast light winds. Closer to des sized dead end Bay. On this day to crab pot buoys in the bay. Low to id notice this and landed short of n assengers vehicle pickup.	the tide was very low de meant they were	v, limiting the area available concentrated in the deepest
the unfortuna also had cabi especially wh dodging seve	ate decision to navigate in roofs and tidal area on the transitioning out of the Bouys on my le	e through the bouys of a similar color to 'The hole' and onto left I had drifted too	unning a bit late for next flight. I we son take off. Winds were flat calm, the green navigation bouy. Unfort to the step. I was aware of green ch far right and struck the channel m d was floating by means of the float	i, Flat light. I was aim tunately Beaver has hannel bouy but miss narker. I don't recall a	ned towards an island that blind spot on right side sjudged it's location. After actually seeing bouy prior to
One boat had Boat Ramp.	I heard the impact and	offered to tow the a	aircrat back to boat ramp to mitiga	ate damage. I started	I making calls when we got to

RECOMMENDATION (How could this accident/incident have been prevented?)													
Operator/Owner Safety Recomm	endation												
Take time to taxi clear of obstu	ictions. Cor	npensate for take o	off visibility I	imitations	s with better sit	uational awareness	3.						
MECHANICAL MALFUN	ICTION/F	ALURE (If mor	e space is n	eeded, co	ntinue on sepa	rate sheet)							
Was there Mechanical Malfund (If yes, list the name of the part, man			scribe the failu	re.)			Total Time/Cycles On Part						
			,	•			Hours						
							Hours						
	Cycles												
	Time Since This Part												
	Inspected/Overhauled												
							Hours						
FUEL & SERVICES INF	ORMATI	ON											
Fuel on Board at Last Takeoff		Fuel Type											
(Convert from pounds, as necessary)		O 80/87	O 115/145		O Jet B	O Other, specify							
40	Gallons	● 100 Low Lead ● 100/130	O Jet A O Jet A-1		O JP8 O Automotive								
Other Services, if Any, Prior to	Departure												
• •	•												
EVACUATION OF AIRC	RAFI												
Was an emergency evacuation	of the aircra	ift performed?	Yes	□ No									
Method of Exit - Describe how	the occupant	s exited and how ma	iny occupant	s evacuate	ed each location								
Pilot only went out right side p	assenger d	oor after realizing I	Pilot was ob	structed.									
OTHER AIRCRAFT - CO	OLLISIO	V (If air or ground o	collision occ	urred co	molete this sect	tion for other aircraf	*)						
Aircraft Registration Number						D	nage to Other Aircraft						
An craft Registration Number		ırer:				D	Destroyed						
Desired to the state of the sta				D" (2	041 11		ubstantial None						
Registered Owner of Other Air					Other Aircraft								
Name:				Name: _									
State: ZIP:				State:		ZIP:							
Country:			_ _	Country									

ADDITIONAL INFORMATION (Please type or print in ink)										
Use this space if addi	tional space	is needed for any answers.								
I HEREBY CERTIF	THAT TH	HE ABOVE INFORMATION IS COMPLI	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE						
Date of this Report	Name of	Pilot/Operator: Rolf Lanzendorfer								
07/19/2021	Signature	:								
mm/dd/yyyy	or	✓ Check here to electronically sign this of	document							
If a Person Other tha	n Pilot/On	erator is Filing Report								
	_		Title:							
		electronically sign this document								
		FOR NTSB	USE ONLY							
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received						
ANC21LA057		Alaska	Banning	7/23/2021						

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASI	C INFORMA	TION											
Accide	nt/Incident Loc	ation					Acc	cident/Incid	lent Date/T	ìme			
Nearest	City/Place: Coffr	man Cove l	narbor		_State: A	NK	Date	e: 7/9	9/2021	Lo	cal Time:	6:24 AM	
ZIP:		Country:							l/yyyy				
Latitude	:		Longitude:							111	me Zone: _/	AK	
	(Enter in decima	l degrees or d	legrees:minutes:sec	conds)			Col	llision with	Other Aire	eraft: C) Midair	OOn-groun	d O None
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:	N9279Z						☐ IFR-Equip					
Manufa	acturer: Deha	/illand						□ Commerci □ Unmanned		gnt			
Model:	DHC-2 Beave	r					Ma	aximum Gr	oss Weight	t: <u>5090</u>		lbs	
Serial N	Number: <u>345</u>						w	eight at Tin	ne of Accid	ent/Inci	dent:		_lbs
Year of	Year of Manufacture: 1952						Nu	ımber of Se	ats: 8		Flight Cre	w Seats: 2	
Amateu	Amateur-Built: OYes If Yes: OKit/Plans Make:						Cal	bin Crew Seat	ts:		Passenger	Seats: 6	
						Nu	ımber of En	gines: 1					
_						Landing Ge				_	Type (Se		
 ♠ Airplane ♠ Balloon ← Check all that apply ← Standard ← Special 						(Check all the		<i>pty)</i> actable			procating o Shaft	OLiqui OSolid	d Rocket Rocket
OBlimp/Dirigible						☐Tricycle	recur		ailwheel	O Turb		OHybri	d Rocket
OGlider □ Aerobatic □ Limi										OTurb		ONone	
						☐ Amphibia ☐ Emergenc			igh Skid kid	OElect	bo Fan OUnknown ctric		OWII
O Powe O Rock	red Lift	☐ Transp					□Ski □Ski/Wheel Fred S						
OUltra		_ Cunty		imental Light-Sport				_				(Reciprocative	
OUnkn	own	☐Certificate	of Authorization		(COA)		ınch/	Recovery Sys	stem	⊙ Carb	uretor	O Fuel-	Injected
		□None	ים	Unknown		☐ None	_		nknown				~-
			Engine		 Manufa	acturer's		Date of Mfg.	Rated Power Porsep		Total Time	Time : Inspection	
Engine	Engine Manufa		Model/Series		_	Number	4	mm/dd/yyyy	O lbs of	Thrust	(hours)	(hours)	(hours)
Eng. 1 Eng. 2	Pratt & Whitney	'	R-985-AN14B		43-7304	4		9/21/2018	450		10578	27.7	745.0
Eng. 2					_		+						
Eng. 4							\dashv						
Last In	spection Type			Propell	er 1	OFixed P		Ditale	Prope	ller 2	•	Fixed Pitch):4_L
⊙ 100-H		inuous Airwo	orthiness			_	•				Controllable I Ground Adjus		
O AAIP O Annu		litional Inspec	ction	Manufac	turer:	Hartzell			Manu	facturer:			
			204	Model:	HCB3R	30-4B			Mode	1:			
Date L	ast Inspection:	mm/dd/yy		ELT In:	stalled:	⊙Yes O	No			-	ipment (Check all that	apply)
Airfran	ne Total Time:		hrs	If Yes:		4.014			☑ ADS	S-B rame Para	chute		
	rs measured at (S	,				er: <u>ACK</u> .: E-04			Ang	le of Atta	ck Indicato	r	
	•		ccident/Incident			(121.5 MHz) ©) C91	la (121.5 MH	z) Auto	opilot a Recorde			
	Maintenance I	Program (Se	lect one)			(406 MHz)			Elec	tronic Fli	ght Bag or	Handheld Dev	vice
O Cond	al itional (Amateur-l	milt only)				unted in aircra			=		ıltifunction mary Fligh		
O Manu	facturer's Inspect	ion Program				nected to anterer? OYes O		OYes ONG		dheld GP		t Display	
	Approved Inspectinuous Airworthin		(AAIP)	If active		0103 01	110			ds Up Dis			
	, specify:					ocating Aircra	ft: (OYes ⊙ No		oard Wea llite Tracl	ther cing Device	•	
	otion of Fire Ex	tinguishing	System		ctivated:				☐ Stall	Warning	System		
O None		005		Indicate Reason: ☐ Impact Damage ☐ Video Recording Device ☐ Other, Specify:									
Озрес	ify: Halatron B	385				☐ Fire Dama; ☐ Battery Ex		d/Damaged		,peens			
						☑ Unknown							

OWNER/OPERATOR INFORMA	ATION		
Registered Aircraft Owner		City: Ketchikan	
Name: Snow Mountain Enterprises LLC		State: AK ZIP: 99901	_
Fractional Ownership Aircraft: O Yes O	No	Country: USA	-
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner	
Name: Southeast Aviation		City:	_
Doing Business As:		State: ZIP:	_
Air Carrier/Operator Designator (4 Characte	er Code):	Country:	
0 4 6 4 7 1 1			-
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Under Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)	
□None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo □Foreign Air Carriers (FAR 129) □Rotorcraft External Load (FAR 133) □Commuter Air Carrier (FAR 135)	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 137 OFAR OFAR 137 OFAR OFAR 137 O	AR 431 Non-Scheduled or Air Taxi International	
□ On-Demand Air Taxi (FAR 135) □ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Non-US, Non-commercial O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning	known
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving	
O Yes ● No	O Yes O No	3 ,	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	approach, landing, takeoff, departure, or within 3 miles of an a	irport)
Airport Name:			
Airport Identifier:		Direction From Airport: degree	o teno
Proximity to Airport: O Off Airport/Airstri	OOn Airport/Airstrip ON/A		
	, , , , , , , , , , , , , , , , , , , ,	Airport Elevation:it. msi	
Runway Information Runway ID:(L/R/C) Length:	ft Width: ft	Condition of Runway/Landing Surface (Check all that app □ Dry □ Snow-Compacted □ Water-Calr	
Runway/Landing Surface (Check all that at Asphalt Grass/Turf Maca Concrete Gravel Meta Dirt Gravel Snow	npply) idam	☐ Holes ☐ Snow-Crusted ☐ Water-Cho ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glass ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown	
Approach/Departure Segment (Select one,)	•	
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ap OLanding	Approach OBase OFinal OCrosswind OLow Approach OGo Around OAborted Landing (after touchd OUnknown	own)
IFR Approach (Check all that apply) □None		VFR Approach (Check all that apply) □None	
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	□ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced La □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing □ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" R ⊙ Pilot O Co-Pilot		Time of Ac		ent heck Pilot	t O Fligh	nt Engineer	O Other I	Flight Crew			
"Flight Crewmember 1" w	as pilot flying ☑Ye	s 🗖 No									
"Flight Crewmember 1" Id	dentification										
First Name:				_	City of Re	sidence:					
Middle Initial:					State: ZIP:						
Last Name:				_	Country:						
Age at time of	of Accident/Incident:		Date of Birtl	h:		m	m/dd/yyyy				
			ficate Number								
Degree of Injury	Seat Occupied				estraint Ty	ре			Inflatable F	Restraints	
O None O Fatal	● Left O	Front	O Unknown		Available Used O None O None						
Minor O Unknown Serious) Rear) Single							☐ Not Installed		
		Juligic			O Lap o		OLap only O3-point		☐ Installed ✓ Not Dep		
Pilot Certificate(s) (Check of Display None ☐ Flight	Instructor	nercial	☐ US Milita	arv					☐ Deploye	ed	
☐ Private ☐ Recre	ational Airlin	e Transport	_	ary	O 5-poir		O 5-point O Unknov	un.	☐ Unknov	vn	
☐ Student ☐ Sport	☐ Flight	Engineer			O Unkn	own	Olikilov	vii			
Principal Occupation	Medical Certificate			M	Iedical Cer	tificate Va	lidity		Date of Las	t Medical	
⊙ Pilot	O None O Clas	ss 3			Without lin		_	nknown			
O Other			(Sport Pilot on		With limita				mm/dd/yy	nn:	
O Unknown	O Class 2 O Unk	nown			Special Issu	iance			mmaay	<i>'yy</i>	
Medical Certificate Limitations											
Medical Certificate Specia	l Issuance										
Date of Last Flight Review	,	Flight Re	eview Aircra	ft							
or Equivalent, Including		-									
FAR 121/135 Checks:	mm/dd/yyyy	Model:									
Airplane Rating(s)	Other Aircraft Rat		Instrument	t Rating	r(s)	Instructo	r Rating(s)				
(Check all that apply)	(Check all that apply)	01,	(Check all the			(Check all					
None	None		□ None			☐ None			Instrument		
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplane ☐ Helicopte				e Single-Engi e Multi-Engir		Instrument I Helicopter	Helicopter	
☐ Multiengine Land	Glider		☐ Powered			☐ Gyropla	ine		Glider		
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powere	d Lift		Sport		
	Powered Lift										
Type Ratings						Student E	Endorsemen	nts (Include	dates)		
Tit 1 / Tit - / / / / / / / / / / / / / / / / / /			Airplane		$\overline{}$	Inst	rument	1	Τ		
Flight Time (Enter appropria number of hours in each box)		Make Model	Single Engine N	Airplane Multiengin		Actual	Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time		/					- Indiana				
Pilot in Command (PIC)									1		
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours	 					1	l	I	I		

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No										
"Flight Crewmember 2" I	dentification									
First Name:				City	y of Re	sidence:				
Middle Initial:				Stat	te:		Z	IP:		
Last Name:										
	f Accident/Incident:									
Ĭ	_		icate Number:							
Degree of Injury	Seat Occupied			Restr	aint T	ype			nflatable R	estraints
O None O Fatal	OLeft C	OFront	OUnknown	Available Used				☐ Not Installed		
O Minor O Unknown O Serious		ORear OSingle			O None O None					
		Single			O Lap		O Lap only	′	☐ Installed	
Pilot Certificate(s) (Check ☐ None ☐ Fligh	att that appty) t Instructor	naraial	☐ US Military		O 3-poi O 4-poi		O 3-point O 4-point		☐ Not Dep ☐ Deploye	
☐ Private ☐ Recre		e Transport			O 5-poi		O 5-point		☐ Unknow	'n
☐ Student ☐ Sport	t ☐ Flight	t Engineer		'	O Unkı	nown	O Unknow	n		
Principal Occupation	Medical Certificate			Medi	cal Ce	rtificate Va	lidity	1	Date of Las	t Medical
O Pilot	O None O Clas	ss 3				mitations/waiv	_	nknown		
O Other			(Sport Pilot only)			ations/waivers			mm/dd/yy	
O Unknown	O Class 2 O Unk	nown		O Sp	ecial Iss	suance			mm/aa/yy	yy
Medical Certificate Limits	ations									
Medical Certificate Specia	al Issuance									
·										
Date of Last Flight Review	v	Flight Re	eview Aircraft							
or Equivalent, Including		-								
FAR 121/135 Checks:	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft Ra		Instrument R	ating(s)	T	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply)	0()	(Check all that a			(Check all th	017			
None	☐ None		□None			☐ None			Instrument A	irplane
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplane ☐ Helicopter			☐ Airplane ☐ Airplane			Instrument H Helicopter	elicopter
■ Multiengine Land	Glider		Powered Lift			Gyroplan			Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powered	Lift		Sport	
	☐ Powered Lift									
Type Ratings			•			Student Er	idorsement	s (Include d	ates)	
			Airplane			Inst				
Flight Time (Enter appropriate number of hours in each box)	1 1	s Make Model	Single Air	plane	Night		rument	Rotorcraft	Glider	Lighter Than Air
Total Time	Aircraft	Model	Engine Mul	iengine	Night	Actual	Simulated	Rotorcraft	Gilder	Than Air
Pilot in Command (PIC)	+ +			-						
Time as Instructor	+ +									
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours				i			İ			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address						Seat Occupie	d	Injury	
First Name: Middle Initial: Last Name:	<u> </u>	State	State: ZIP:				O Left O Front O Center O Rear O Right O Single O Unknown		O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply) None						Restraint Tyl Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	T7	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
Treetaent metaent /xii	100		or this r	recident/inc					
Crew Name and Addi	ress						Seat Occupie		Injury O None
Middle Initial: State:					zip:			OLeft OFront OCenter ORear ORight OSingle OUnknown	
Pilot Certificate(s) (Check all that apply) None					Restraint Tyl Available O None O Lap Only O 3-point O 4-point O 5-point	** *	Inflatable Restraints Not Installed Installed Doployed Deployed		
Accident/Incident Air				Accident/Inci		hrs	OUnknown	O Unknown	☐ Unknown
PASSENGER(S) /	OTHER PERSO	ONNEL (Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)		ı
Name and Address				Seat	Injury	Restraint T		Inflatable Restraints	Age
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐Under 5 years
First Name:				-		Available	Used		Clikilowii

FLIGHT ITINERARY	INFORMATION INFORMATION	ON						
Last Departure Point	Ti	me of Departure	Destination	on		Type Fligh	ıt Plan File	d
Airport ID:			Airport ID:			O None		VFR/IFR
City:	Ti Ti	me:	City:			O Company) IFR
State:	Ti	me Zone:	'			O Military	VFK C) Unknown
Country:						•	OYes O	No OUnknown
Type of ATC Clearance/S		at annhil	country.					
· · ·	☐ Special VFR		cial IFR		☐ VFR Flight Foll	owing	☐ Cruise	
VFR	☐ IFR		R On Top		☐ Traffic Advisory		☐ Unknov	vn / NA
Airspace where the accide	nt/incident occuri	ed (Check all that	apply)				Altitudo	of In-Flight
	☐Class G	☐ Mil	itary Operations		□ Special		Occurre	_
	Demo Area		port Advisory A	rea	Air Traffic Cont	rol Area	Occurre	
	☐ Warning Area ☐ Prohibited Area	☐ TR	Training Area		□Unknown			ft msl
	Restricted Area	☐ FAI						
WEATHER INFORM	NATION AT TH	IE ACCIDEN	T/INCIDEN	IT SITE				
Source of Pilot Weather I	nformation			Weather Ob	servation Facility	7		
(Check all that apply)	_			Facility ID:				
☐ National Weather Service ☐ Flight Service Station		ompany ilitary		l	me:			
TV/Radio		ternet		I				
☐ Automated Report	□N	one		I	Accident Site:			
☐ Commercial Weather Servi ☐ On-Board Weather	ce (DUATS) U	nknown		l				
_		Light Conditi		Direction from	Accident Site:		_ degrees in	ic
Basic Conditions OVMC		Light Conditi	ODusk	O Dark	Night OUr	nknown		
OIMC		ODay	ONight		ht Night	ikilowii		
OUnknown			O 1 right	•	Ü			
Sky/Lowest Cloud Condit	ion	Ceiling			Temperature:		(C) or	(F)
O Clear	O Thin Broken		O None (Clear) O Obscured					
O Few	O Thin Overcast	O Broken O Indefinite			Dew Point: _	(C) or	(F)
O Partial Obscuration O Scattered	O Unknown	Overcast	O Overcast O Unknown			ting:		
Lowest Cloud Condition	Height	Ceiling Heigh	Ceiling Height			or	MB	
	ft agl			ft agl	1			
Wind Direction	Wind Speed		Wind Gusts		Visibility			
			□ Not Gustin		1			
☐ Variable	☐ Calm☐ Light and Va	ariable	☐ Not Gustii	ilg	RVR	:	feet	
-or-	-or-		-or-		RVV	/:	miles	
Direction:degrees tru	ie Speed:	kts	Speed:	kts	Density Altitu	de:	f	¢
Intensity of Precipitation	Type of Precip	oitation (Check all i	hat apply)		Restriction to	Visibility (C	heck all that	apply)
OLight	□ None	☐ Drizzle	☐ Freezin	g Rain	☐ None			
OModerate	Rain	Ice Pellets	☐ Snow S		☐ Blowing Du☐ Blowing Sa		Ground Fog Haze	
O Heavy O N/A	☐ Snow ☐ Hail	☐ Snow Pellet☐ Snow Grain			☐ Blowing Sa		ce Fog	
OUnknown	Rain Showers			g Dille	☐ Blowing Sp	oray 🔲 S	Smoke	
					☐ Dust	J D	U nknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type O None O N/A		Amount O None	Type ON/A		Type (Check a □None	ll that apply)	Sever □Lig	
O None O N/A O Trace O Rime		O Trace	O Rime	:	Clear Air			oderate
O Light O Clear		O Light	O Clean	r	☐ Terrain-Indu		Se	vere
O Moderate O Mixe O Severe O Unkn		O Moderate O Severe	O Mixe O Unkr		□Convective	Turbulence	□Ex	treme
O Severe O Unkn O Unknown	own	OUnknown	O Unki	iown				
	ATDRANCE CT			41. 41. 63		1		
NOTAMs (D and FDC)	, AIKWIETS, SIC	WIETS, PIREP	s in effect at	tne time of th	ne accident/inci	aent:		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY					
Aircraft Dam		Aircraft Fire		Aircraft Explosion	
O None	O Substantial	O None	O Both Ground and In-Flight	O None	O Both Ground and In-Flight
O Minor	O Destroyed	O In-Flight	O Fire at Unknown Time	O In-Flight	O Explosion at Unknown Time
	O Unknown	On-Ground	O Unknown	O On-Ground	O Unknown
Description o	f Damage to Aircraft a	nd Other Property	(Use additional sheet if necessary)		
NARRATIVI	E HISTORY OF FLI	GHT (Please type o	r print in ink)		
			g circumstances leading to and nat	ure of accident/incide	ent. Describe terrain and include
			ts if needed. State departure time and		
	Provide as much detail as				
1					

RECOMMENDATION (How could this	accident/incident h	ave been prevente	ed?)		
Operator/Owner Safety Recommendation					
MECHANICAL MALFUNCTION/			d, continue on sepa	rate sheet)	T
Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, part					Total Time/Cycles On Part
					Hours
					Cycles
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFORMATI	ON				
Fuel on Board at Last Takeoff	Fuel Type				
(Convert from pounds, as necessary)	0 80/87	O 115/145	O Jet B	O Other, specify	
Gallons	O 100 Low Lead O 100/130	O Jet A O Jet A-1	O JP8 O Automotive		
Other Services, if Any, Prior to Departure	,				
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircr	aft performed?	☐ Yes ☐ N	lo		
Method of Exit - Describe how the occupar	its exited and how m	any occupants eva-	cuated each location		
OTHER AIRCRAFT COLLISIO	N ar				en.
OTHER AIRCRAFT – COLLISIO				_	π) nage to Other Aircraft
	urer:				Destroyed Minor
Model:					Substantial None
Registered Owner of Other Aircraft		Pilo	ot of Other Aircraft	t	
Name:		Nar			
City: ZIP:		City	/:		
State: ZIP:		Stat	e:	_ZIP:	

ADDITIONAL INFORMATION (Please type or print in ink)							
Use this space if addi	tional space	is needed for any answers.					
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE			
Date of this Report			TIE ALL AGGINATE TO THE BEGINST				
Date of this Report		::					
mm/dd/yyyy		Check here to electronically sign this					
If a Person Other the	<u> </u>	erator is Filing Report					
	_	crator is rining resport	Title:				
				_			
		electronically sign this document					
	FOR NTSB USE ONLY						
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office Alaska	Name of Investigator	Date Report Received			
ANC21LA057		Alaska	Banning	7/23/2021			