

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

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

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: Healy State: AK
 ZIP: _____ Country: _____
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees minutes:seconds)

Accident/Incident Date/Time
 Date: 7/3/2021 Local Time: 11:00 AM
mm/dd/yyyy Time Zone: Alaska
 Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: 1199Q
 Manufacturer: Cessna
 Model: A185F
 Serial Number: 1850349
 Year of Manufacture: 1977
 Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
 Maximum Gross Weight: 3350 lbs
 Weight at Time of Accident/Incident: 2700 lbs
 Number of Seats: 4 Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
 Number of Engines: 1

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)
 Standard Normal Aerobatic Balloon Commuter Transport Utility
 Special Restricted Limited Provisional Special Flight Experimental Special Light-Sport Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)
 Retractable
 Tricycle
 Tailwheel
 Amphibian
 Emergency Float
 Float
 Hull
 Other Launch/Recovery System
 None Unknown

Engine Type *(Select one)*
 Reciprocating
 Turbo Shaft
 Turbo Prop
 Turbo Jet
 Turbo Fan
 Electric
 Liquid Rocket
 Solid Rocket
 Hybrid Rocket
 None
 Unknown
 Fuel System Type *(Reciprocating)*
 Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>IO-520 PCD</u>	<u>574975</u>		<u>300 HP</u>	<u>1310</u>	<u>30</u>	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour
 AAIP
 Annual
 Continuous Airworthiness
 Conditional Inspection
 Unknown

Date Last Inspection: 11/15/2020
mm/dd/yyyy
 Airframe Total Time: 8546.4 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Type of Maintenance Program *(Select one)*
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Description of Fire Extinguishing System
 None
 Specify: _____

Propeller 1
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: McCully
 Model: D3A34C 403

Propeller 2
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____
 ELT Installed: Yes No
 If Yes:
 ELT Manufacturer: _____
 Model or Part No.: _____
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)
 Was ELT still mounted in aircraft? Yes No
 Was ELT still connected to antenna? Yes No
 Did ELT Activate? Yes No
 If activated:
 Did ELT Aid in Locating Aircraft: Yes No
 If not activated:
 Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment *(Check all that apply)*
 ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System
 Video Recording Device
 Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Vernon Fiehler City: Auke Bay
 State: AK ZIP: 99821
 Country: USA
 Fractional Ownership Aircraft: Yes No

Operator of Aircraft *Same As Registered Owner*
 Name: Vernon Fiehler City: _____
 Doing Business As: N/A State: _____ ZIP: _____
 Air Carrier/Operator Designator (4 Character Code): _____ Country: _____

<p>Operating Certificates Held (Check all that apply)</p> <p><input checked="" type="radio"/> None</p> <p><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)</p> <p><input type="checkbox"/> Supplemental</p> <p><input type="checkbox"/> Air Cargo</p> <p><input type="checkbox"/> Foreign Air Carriers (FAR 129)</p> <p><input type="checkbox"/> Rotorcraft External Load (FAR 133)</p> <p><input type="checkbox"/> Commuter Air Carrier (FAR 135)</p> <p><input type="checkbox"/> On-Demand Air Taxi (FAR 135)</p> <p><input type="checkbox"/> Commercial Air Tour (FAR 136)</p> <p><input type="checkbox"/> Agricultural Aircraft (FAR 137)</p> <p><input type="checkbox"/> Pilot School (FAR 141)</p> <p><input type="checkbox"/> Certificate of Authorization or Waiver (COA)</p> <p><input type="checkbox"/> Commercial Space Transportation</p> <p><input type="checkbox"/> Experimental Permit</p> <p><input type="checkbox"/> Commercial Space Transportation License</p> <p><input type="checkbox"/> Other Operator of Large Aircraft</p>	<p>Regulation Flight Conducted Under</p> <table border="0"> <tr> <td><input checked="" type="radio"/> FAR 91</td> <td><input type="checkbox"/> FAR 129</td> <td><input type="checkbox"/> FAR 415</td> </tr> <tr> <td><input type="checkbox"/> FAR 103</td> <td><input type="checkbox"/> FAR 133</td> <td><input type="checkbox"/> FAR 431</td> </tr> <tr> <td><input type="checkbox"/> FAR 121</td> <td><input type="checkbox"/> FAR 135</td> <td><input type="checkbox"/> FAR 435</td> </tr> <tr> <td><input type="checkbox"/> FAR 125</td> <td><input type="checkbox"/> FAR 137</td> <td><input type="checkbox"/> FAR 437</td> </tr> </table> <p><input type="checkbox"/> FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial</p> <p>Public Aircraft (Select one) <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown</p>	<input checked="" type="radio"/> FAR 91	<input type="checkbox"/> FAR 129	<input type="checkbox"/> FAR 415	<input type="checkbox"/> FAR 103	<input type="checkbox"/> FAR 133	<input type="checkbox"/> FAR 431	<input type="checkbox"/> FAR 121	<input type="checkbox"/> FAR 135	<input type="checkbox"/> FAR 435	<input type="checkbox"/> FAR 125	<input type="checkbox"/> FAR 137	<input type="checkbox"/> FAR 437	<p>Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) <u>N/A</u></p> <table border="0"> <tr> <td><input type="checkbox"/> Scheduled or Commuter</td> <td><input type="checkbox"/> Domestic</td> </tr> <tr> <td><input type="checkbox"/> Non-Scheduled or Air Taxi</td> <td><input type="checkbox"/> International</td> </tr> <tr> <td><input type="checkbox"/> Passenger</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cargo</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Contract Only</td> <td></td> </tr> </table>	<input type="checkbox"/> Scheduled or Commuter	<input type="checkbox"/> Domestic	<input type="checkbox"/> Non-Scheduled or Air Taxi	<input type="checkbox"/> International	<input type="checkbox"/> Passenger		<input type="checkbox"/> Cargo		<input type="checkbox"/> Mail Contract Only	
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Purpose of Flight for FAR 91, 103, 133, 137
(Select one)

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Firefighting	<input type="checkbox"/> Unknown
<input type="checkbox"/> Aerial Observation	<input type="checkbox"/> Flight Test	
<input type="checkbox"/> Air Drop	<input type="checkbox"/> Glider Tow	
<input type="checkbox"/> Air Race/Show	<input type="checkbox"/> Instructional	
<input type="checkbox"/> Banner Tow	<input type="checkbox"/> Other Work Use	
<input type="checkbox"/> Business	<input checked="" type="radio"/> Personal	
<input type="checkbox"/> Executive/Corporate	<input type="checkbox"/> Positioning	
<input type="checkbox"/> External Load	<input type="checkbox"/> Skydiving	
<input type="checkbox"/> Ferry		

Revenue Sightseeing Flight
 Yes No

Air Medical Flight
 Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Hoonah Airport
 Airport Identifier: _____
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm
 Direction From Airport: _____ degrees true
 Airport Elevation: _____ ft. msl

Runway Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water
<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood	
<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Unknown

Condition of Runway/Landing Surface (Check all that apply)

<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Snow-Compacted	<input type="checkbox"/> Water-Calm
<input type="checkbox"/> Wet	<input type="checkbox"/> Snow-Crusted	<input type="checkbox"/> Water-Choppy
<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Snow-Dry	<input type="checkbox"/> Water-Glassy
<input type="checkbox"/> Rough	<input type="checkbox"/> Snow-Wet	<input type="checkbox"/> Wet
<input type="checkbox"/> Rubber Deposits	<input type="checkbox"/> Soft	
<input type="checkbox"/> Slush-Covered	<input type="checkbox"/> Vegetation	<input type="checkbox"/> Unknown

Approach/Departure Segment (Select one)

Taxi	VFR Departure	<input checked="" type="radio"/> On Instrument Approach	Downwind	Low Approach
Takeoff	IFR Departure Procedure/Clearance	<input checked="" type="radio"/> Landing	Base	Go Around
Initial Climb		<u>rollout</u>	Final	Aborted Landing (after touchdown)
			Crosswind	Unknown

<p>IFR Approach (Check all that apply) <u>N/A</u></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> ADF/NDB</p>	<input type="checkbox"/> PAR	<input type="checkbox"/> MLS	<input type="checkbox"/> Practice	<p>VFR Approach (Check all that apply)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Traffic Pattern</p>	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> SDF	<input type="checkbox"/> Sidestep	<input type="checkbox"/> LDA	<input type="checkbox"/> GPS	<input type="checkbox"/> Straight-In	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> ILS	<input type="checkbox"/> ASR		<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> Localizer Only	<input type="checkbox"/> Visual		<input type="checkbox"/> Go Around	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> TACAN	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Contact		<input checked="" type="radio"/> Full Stop	<input type="checkbox"/> Precautionary Landing
	<input type="checkbox"/> RNAV	<input type="checkbox"/> Circling	<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION				
Last Departure Point		Time of Departure	Destination	Type Flight Plan Filed
Airport ID: _____ City: <u>Heatonah</u> State: <u>Alaska</u> Country: <u>USA</u>		Time: <u>10:30</u> Time Zone: <u>Alaska</u>	Airport ID: _____ City: <u>Heatonah</u> State: <u>Alaska</u> Country: <u>USA</u>	<input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR Activated? Yes No Unknown <input type="checkbox"/> VFR/IFR <input type="checkbox"/> IFR <input type="checkbox"/> Unknown
Type of ATC Clearance/Service (Check all that apply)				
<input checked="" type="radio"/> None VFR		<input type="radio"/> Special VFR IFR	<input type="radio"/> Special IFR VFR On Top	<input type="radio"/> VFR Flight Following Traffic Advisory
				<input type="radio"/> Cruise Unknown / NA
Airspace where the accident/incident occurred (Check all that apply)				
Class A Class B Class C Class D Class E		Class G Demo Area Warning Area Prohibited Area Restricted Area		Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93
			<input type="radio"/> Special Air Traffic Control Area	<input type="radio"/> Unknown
				Altitude of In-Flight Occurrence: _____ ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply)			Weather Observation Facility	
<input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather		<input type="checkbox"/> Company Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions		Light Condition		
<input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown		<input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Unknown		
Sky/Lowest Cloud Condition		Ceiling		Temperature: _____ (C) or _____ (F)
<input checked="" type="radio"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		<input checked="" type="radio"/> None (Clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured Indefinite <input type="checkbox"/> Unknown		Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height		Ceiling Height		
_____ ft agl		_____ ft agl		
Wind Direction	Wind Speed	Wind Gusts		Visibility
<input checked="" type="radio"/> Variable	<input type="radio"/> Calm <input checked="" type="radio"/> Light and Variable	<input checked="" type="radio"/> Not Gusting		<u>210</u> miles
-or- Direction: _____ degrees true	Speed: _____ kts	-or- Speed: _____ kts		RVR: _____ feet RVV: _____ miles
			Density Altitude: _____ ft	
Intensity of Precipitation	Type of Precipitation (Check all that apply)			Restriction to Visibility (Check all that apply)
<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input checked="" type="radio"/> N/A <input type="checkbox"/> Unknown	<input checked="" type="radio"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle			<input checked="" type="radio"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
Icing Forecast	Icing Actual		Turbulence	
Amount <input checked="" type="radio"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown	Amount <input checked="" type="radio"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown		Type (Check all that apply) <input checked="" type="radio"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	
NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY					
Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	Substantial	None	Both Ground and In-Flight	None	Both Ground and In-Flight
Minor	<u>Destroyed</u>	In-Flight	Fire at Unknown Time	<u>In-Flight</u>	Explosion at Unknown Time
	Unknown	<u>On-Ground</u>	Unknown	On-Ground	Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i>					
Destroyed by fire.					
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>					
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.					
<p>Returned to touch from a short flyseeing trip to the west. Landed and was rolling out when I believe distracted myself, maybe closing opening and flaps or retracting wing flaps - it surely being compliance when losing center line went off runway down deep ditch - where the plane caught fire immediately at our feet - we exited the aircraft</p>					

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

Do not let complacency in your flying. Fly the aircraft to a full stop with due attention.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes <input type="radio"/> No <input checked="" type="radio"/> (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure)	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
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FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 40 Gallons	Fuel Type 80/87 <input checked="" type="checkbox"/> 115/145 <input type="checkbox"/> 100 Low Lead <input checked="" type="checkbox"/> Jet A <input type="checkbox"/> 100/130 <input type="checkbox"/> Jet A-1 <input type="checkbox"/> Jet B <input type="checkbox"/> Other, specify _____ JP8 <input type="checkbox"/> Automotive <input type="checkbox"/>
Other Services, if Any, Prior to Departure	

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

out side doors

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number N1199A	Manufacturer: Cessna Model: 185	Damage to Other Aircraft Destroyed <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> None
Registered Owner of Other Aircraft Name: Vernon Fienler City: Ark Auburn Bay State: AR ZIP: 99821 Country: USA	Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report: 7/14/2021
mm/dd/yyyy

Name of Pilot/Operator: Verdoy Fenter

Signature: [Redacted]

-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: NA Title: _____

Signature: _____

-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. ANC21LA051	Reviewed by NTSB Regional Office Alaska	Name of Investigator Banning	Date Report Received 7/20/2021
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