## 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					Accident/Incident Date/Time						
Nearest (	City/Place: Diling	gham			_State: A	\K	Dat	e: 06/2	26/2021	Loc	cal Time:	5:00	
ZIP: 99	<u>567</u> C	Country: US						mm/da					
Latitude	59deg04'56"I	N	Longitude: 1570	deg46'29	<u>"W</u>					111	me Zone: _	Alaska	
	(Enter in decima	l degrees or a	legrees:minutes:sec	conds)			Col	llision with	Other Air	craft: C	) Midair	OOn-groun	d <b>O</b> None
<b>AIRC</b>	RAFT INFO	RMATIO	N										
Registr	ation Number:	N8216J						☐ IFR-Equip					
Manufa	acturer: <u>Cessr</u>	na					☐ Commercial Space Flight ☐ Unmanned Aircraft						
Model:	185F						M	aximum Gr	oss Weigh	t: <u>3350</u>		lbs	
Serial N	Number:						w	eight at Tin	ne of Accid	ent/Inci	dent: <u>23</u>	75	lbs
Year of	Manufacture:	1976					Nu	ımber of Se	ats:		Flight Cre	w Seats:	
Amateu			Kit/Plans Mak	ke:				bin Crew Seat					
	ONo	(	Original Design				Nu	ımber of En	gines:				
Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engine	Type (Se		
<ul><li>Airpl</li><li>Ballo</li></ul>		(Check all to				(Check all the					procating	OLiqui OSolid	d Rocket
	on p/Dirigible	Norma	1	ted		☐Tricycle	Ketra	actable	ailwheel	O Turb	o Shaft o Prop	•	d Rocket
OGlide		Aerob	_							O Turb	o Jet	ONone	
O Gyro O Helic		☐ Balloo ☐ Comm				☐ Amphibia ☐ Emergenc						own	
<b>O</b> Powe	red Lift	Transp	ort Experir	mental		□Float	,,	□SI	ci	O Elect			
O Rock O Ultrai		Utility		al Light-Sport				□Si	ci/Wheel	Fuel Sys	stem Type	(Reciprocativ	ıg)
OUnkn	_	□Certificate		or Waiver (COA)			ınch/	Recovery Sys	tem	Carb	uretor	Fuel-	Injected
		None		Unknown	(0011)	■ None		□U	nknown				
			Engine		Manuf	acturer's		Date	Rated Pow Horsen		Total Time	Time Inspection	
Engine	Engine Manufa	cturer	Model/Series			Number		of Mfg. mm/dd/yyyy	O lbs of		(hours)	(hours)	(hours)
Eng. 1	Continental		IO 520 D				300			850			
Eng. 2							4						
Eng. 3							$\dashv$						
Eng. 4				Propelle	 or 1	OFixed P	Pitch Propeller 2 OFixed Pitch						
_	spection Type			Tropen	ti 1	●Control	lable	lable Pitch O Controllable Pitch					
O100-H O AAIP		inuous Airwo litional Inspec				<b>O</b> Ground	I Adjustable OGround Adjustable  Manufacturer:						
Annu	al OUnki		ation	Manufac									
Date La	ast Inspection:	05/15/2	021		Black M		<b>N</b> T.					GI 1 11.1	
		mm/dd/yy			stalled:	<b>⊙</b> Yes <b>○</b>	No		Additio		ipment (	Check all that	apply)
	ne Total Time:		hrsh	If Yes: ELT Ma	nufactur	er: ACK TEC	CHN	IOLOGIES	Airf	rame Para			
	,		ccident/Incident			: E-04 ELT			☐ Ang		ck Indicato	r	
				TSO No.		(121.5 MHz) C	<b>)</b> C91	la (121.5 MH:	z) 🗖 Data	a Recorde			
Type of Maintenance Program (Select one)  Oct 126 (406 MHz)					` ′					ght Bag or lltifunction	Handheld De	vice	
O Conditional (Amateur-built only)  Was El						unted in aircra inected to anter					mary Fligh		
O Manufacturer's Inspection Program					? • Yes O		0103 0110	∐Han	dheld GPS	S			
O Other Approved Inspection Program (AAIP) O Continuous Airworthiness  If activated:								ds Up Dis oard Wea					
	, specify:			Did ELT	Aid in L	ocating Aircra	ft:	Yes No	Sate	llite Track	king Device	•	
	otion of Fire Ex	tinguishing	System	-	tivated:					l Warning			
O None		andakan	dan milat	Indicate	Keason:	☐ Impact Dar ☐ Fire Dama		e		eo Record er, Specify	ing Device /:		
O Spec	ify: bottle extiir seat.	iguisner un	der pilot			Battery Ex		d/Damaged					
	Jour.		ш			Unknown							

OWNER/OPERATOR INFORMA	TION					
Registered Aircraft Owner		City: Soldotna				
Name: Martin Guth		State: AK ZIP: 99669				
Fractional Ownership Aircraft: O Yes O	No	Country: US				
Operator of Aircraft	gistered Owner	✓ Same Address as Registered Owner	_			
Name: Martin Guth		City: Soldotna				
Doing Business As:						
Air Carrier/Operator Designator (4 Characte	er Code):	Country:				
			_			
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)	©FAR 91         OFAR 129         OFAR 29           OFAR 103         OFAR 133         OFAR 30           OFAR 121         OFAR 135         OFAR 30           OFAR 125         OFAR 137         OFAR 30           OFAR 91 Special Flight         OFAR 30	R 431 R 435 R 437  O Passenger O Cargo				
☐Commuter Air Carrier (FAR 135) ☐On-Demand Air Taxi (FAR 135)	O Non-US, Commercial O Non-US, Non-commercial	O Mail Contract Only				
□Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137) □Pilot School (FAR 141)	OPublic Aircraft (Select one) OArmed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
□ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Aerial Application O Firefighting O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving				
O Yes ⊙ No	O Yes O No	0.11.7				
AIRPORT INFORMATION (Fill in	if accident/incident occurred on apr	upproach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Nusagak Shores						
Airport Identifier: AK21  Proximity to Airport: O Off Airport/Airstri	On Airport/Airstrip ON/A	Direction From Airport: On Airport degrees true				
Proximity to Airport: Oon Airport/Airsun	o On Airport/Airsurp ON/A	Airport Elevation: 80 ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)	_			
Runway ID: AK21 (L/R/C) Length: 10	00 ft Width: <u>55(apprx)</u> ft					
Runway/Landing Surface (Check all that at Asphalt ☐ Grass/Turf ☐ Maca☐ Concrete ☐ Gravel ☐ Meta☐ Dirt ☐ Ice ☐ Snow	dam Water	☐ 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,	)	•				
Taxi VFR Departure Takeoff IFR Departure Proc Initial Climb	On Instrument Appelure/Clearance Landing	Approach  Base  Final  Crosswind  Downwind  Low Approach  Go Around  Aborted Landing (after touchdown)  Unknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	_			
✓None		☑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 CREWMEME	"FLIGHT CREWMEMBER 1" INFORMATION											
	"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident											
"Flight Crewmember 1" was	pilot flying	✓Yes 🗆 l	No									
"Flight Crewmember 1" Ider	itification											
First Name: Martin						C	ity of Re	sidence: S	oldotna			
Middle Initial: State: ZIP: 99669												
Last Name: Guth Country: US												
Age at time of Accident/Incident: 59 Date of Birth: 1962 mm/dd/yyyy												
Certificate Number:												
Degree of Injury Seat Occupied Restraint Type Inflatable Restraints												
None	O Left	<ul><li>Front</li></ul>	C	<b>)</b> Unknov	vn		vailable	_	Used	'		
O Minor O Unknown O Serious	O Right O Center	O Rear O Single					O None	2	None		✓ Not Inst	
	_	O single					O Lap or		Lap onl	у	☐ Installed	
Pilot Certificate(s) (Check all a		Commercial		□ US Mi	ilitary		<b>⊙</b> 3 <b>-</b> poir <b>O</b> 4 <b>-</b> poir		4-point		☐ Deploye	ed
✓ Private Recreation	_	Airline Transp		Foreign			O 5-poin	ıt	5-point Unknov		☐ Unknov	vn
☐ Student ☐ Sport		Flight Enginee	er				O Unkno	own	Unknov	vn		
Principal Occupation M	edical Certific	cate				Med	ical Cer	tificate Va	lidity	+	Date of Las	t Medical
		Class 3						itations/wai	•	nknown		
⊙ Other	Class 1	Driver's Lice	ense (Sp	port Pilot	only)	⊙w	ith limita	tions/waivers			06/08/20	
1 3		Unknown				OS	pecial Issu	iance			mm/dd/yy	יעע
Medical Certificate Limitatio	ons											
Must wear corrective lenses												
Medical Certificate Special Is	ssuance											
Date of Last Flight Review		Fligh	t Revi	ew Airc	raft							
or Equivalent, Including			Stin									
FAR 121/135 Checks:	09/07/2019		ı: 108									
Ainnlana Bating(a)	mm/dd/yyyy  Other Aircra		-		ant Dati	in (a)		Instrumete	n Dating(a)			
Airplane Rating(s) (Check all that apply)	(Check all that a			( <b>nstrum</b> (Check all				(Check all	r Rating(s)			
☐ None	☐ None			✓ None	<i> </i>	-57		□ None	upp 0/		Instrument A	Airplane
✓ Single-Engine Land	Airship			☐ Airpla					e Single-Eng	ine 🗆	Instrument 1	
☑ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider			☐ Helico ☐ Power				☐ Gyropla	e Multi-Engir one		Helicopter Glider	
☐ Multiengine Sea	☐ Gyroplane		'	_ 1061	CG LIII			☐ Powere			Sport	
	☐ Helicopter☐ Powered Lif	ì										
Type Ratings	Jii cica Lii	-						Student F	Endorseme	nts (Include	dates)	
Cessna 185										(		
Cessna 206 Cessna 182												
Stinson 108												
Flight Time (Enter appropriate	All	This Make		plane ingle	Airpla				rument 	-		Lighter
number of hours in each box)	Aircraft	& Model	En	1gine	Multier	ngine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	1,907	1,267		1,907				15	11	0	0	0
Pilot in Command (PIC)	1,826		<del>                                     </del>					1			-	
Time as Instructor	0						27	,				
This Make/Model Last 90 Days	56						21	+	-			
Last 90 Days Last 30 Days	39		<del>                                     </del>					1	<del>                                     </del>			
Last 24 Hours	2							1				

"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:	First Name: City of Residence:									
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		vailab		Used			
O Minor O Unknown O Serious		ORear OSingle			O None		O None		☐ Not Inst	alled
		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	<del></del>
O Unknown	O Class 2 O Unk	nown		O Sp	ecial Iss	suance			mm/aa/yy	уу
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	01,			
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 FLIG	HT CREWMEME	BERS (E	xclusiv	e of cabin cr	ew, complete	the followin	g information)		
Crew Name and Addr	ess						Seat Occupie	d	Injury
Middle Initial:	City of Residence:					O Left O Center O Right	O None O Minor O Serious O Fatal O Unknown		
Pilot Certificate(s) (Check all that apply)  None						Restraint Tyj Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Vsed O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Doployed Unknown	
			01 11115 1						
Crew Name and Addr	ess						Seat Occupie		Injury
First Name: Middle Initial: Last Name:	_	State:		2	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) (Check all that apply)  None						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 Airc				ccident/Inci		hrs	OUnknown	O Unknown	Cliknown
PASSENGER(S) / (	PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)								
Name and Address				Seat	Injury	Restraint T		Inflatable Restraints	Age
First Name: Don  Middle Initial:  Last Name: Scarrow  OCrew	State: Z	ZIP: <u>83333</u>	<u> </u>	OLeft OCenter ORight OUnknown Row:	<ul><li>None</li><li>Minor</li><li>Serious</li><li>Fatal</li><li>Unknown</li></ul>	Available None Lap Only 3-point 4-point 5-point Unknown	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 ○ Unknown
First Name: William Middle Initial: Last Name: Whifield  OCrew	State: TN Z	ZIP: <u>37221</u>	_	OLeft OCenter ORight OUnknown Row:	None     Minor     Serious     Fatal     Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	<ul><li>3-point</li><li>4-point</li><li>5-point</li></ul>	☑ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years
First Name:  Middle Initial:  Last Name:  OCrew	State: Z	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:	State: Z	ZIP:		OLeft OCenter ORight	O None O Minor O Serious	Available ONone OLap Only O3-point O4-point	Used O None	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed	☐ Under 5 years

FLIGHT ITINERARY	INFORMATIO	N					
Last Departure Point	Tim	e of Departure	Destination	on		Type Fligh	ht Plan Filed
Airport ID: AK21	m:	EDM	Airport ID:	AK14		None	VFR/IFR
City:	Time	: <u>5PM</u>	City: Port	age Creek		Company Military	
State: Alaska		Zone: Alaska		ska		VFR	VFR Unknown
Country: USA			Country: L				OYes ONo OUnknown
Type of ATC Clearance/Se.	rvice (Check all that	annly)	country.				
	Special VFR		cial IFR		☐ VFR Flight Foll	owing	☐ Cruise
	IFR		R On Top		☐ Traffic Advisor		Unknown / NA
Airspace where the acciden	nt/incident occurred	d (Check all that	apply)				Altitude of In-Flight
	Class G		itary Operations		Special		Occurrence:
	Demo Area		port Advisory A	rea	☐ Air Traffic Cont☐ Unknown	rol Area	
	☐ Warning Area ☐ Prohibited Area	☐ TR	Training Area		Unknown		ft msl
	Restricted Area	FAI					
WEATHER INFORM	ATION AT THE	ACCIDEN.	T/INCIDEN	IT SITE			
Source of Pilot Weather In	formation			Weather Ob	servation Facility	7	
(Check all that apply)				Facility ID: Di	ilingham		
✓ National Weather Service	☐ Com ☐ Mili			Observation Ti	me: <u>5:00 (approx</u>	()	<del></del>
☐ Flight Service Station ☐ TV/Radio	☐ Inter			Time Zone: A		.,	
☐ Automated Report	☐ Non			_			
Commercial Weather Service	e (DUATS) 🔲 Unk	nown		I .	Accident Site:		
On-Board Weather		T		Direction from	Accident Site:		degrees true
Basic Conditions		Light Conditi		•			
OVMC OIMC		ODawn ⊙Day	ODusk ONight	O Dark	Night OUr ht Night	nknown	
OUnknown		ODay	ONight	Obligi	nt Ivight		
Sky/Lowest Cloud Condition	on	Ceiling			Temperature:		(C) or 50 (F)
Clear	Thin Broken	O None (Clear)	0	Obscured			
Few	Thin Overcast	O Broken		Indefinite	Dew Point: _	((	C) or(F)
Partial Obscuration Scattered	Unknown	Overcast	0	Unknown	Altimeter Sett	ting: 29.85	in. Hg
Lowest Cloud Condition H	Laight	   Ceiling Heigh			1	or	
_5000 (approx)	-	5000		ft agl	1		
_5000 (approx)		3000		it agr			
Wind Direction	Wind Speed		Wind Gusts	i	Visibility		miles
☐ Variable	☐ Calm		☐ Not Gustin	ng	RVR	.:	feet
	Light and Varia	able				7:	miles
or- Direction: degrees true	-or- Speed:	kts	-or- Speed: <u>17</u>	kts	Density Altitu		ft
				Kt5			
Intensity of Precipitation	Type of Precipit	•			None Restriction to		Check all that apply)
O Light O Moderate	☑ <sub>None</sub> □ Rain	☐ Drizzle☐ Ice Pellets	☐ Freezin☐ Snow S		☐ Blowing Di		Fog Ground Fog
OHeavy	Snow	Snow Pellet			☐ Blowing Sa	ind 🔲 l	Haze
ON/A	☐ Hail	☐ Snow Grain	s 🗆 Freezin	ng Drizzle	☐ Blowing Sn		Ice Fog
OUnknown	☐ Rain Showers	☐ Ice Crystals			☐ Blowing Sp ☐ Dust		Smoke Unknown
Ising Foundat		T-1 A-41			+		Chiniown
Icing Forecast Amount Type		Icing Actual Amount	Type		Turbulence Type (Check a	II that apply)	Severity
O None O N/A		● None	ON/A		None	и ини црргу)	☑ Light
O Trace O Rime		O Trace	O Rime		☐Clear Air		
O Light O Clear		O Light O Moderate	O Clear		☐ Terrain-Ind		☐ Severe ☐ Extreme
O Moderate O Mixed O Severe O Unkno		O Severe	O Mixe O Unkr		Convective	lurbulence	□ Extreme
OUnknown	TTAK	OUnknown	_ C.M.		1		
NOTAMs (D and FDC),	AIRMET SICK	I METe DIDED.	s in effect of	the time of th	ne accident/inci	dent:	
none in area	AIRWIE IS, SIGN	112 13, 1 INEF	m enect at	the time of th	ic accident/incl	uciit.	
I							

DAMAGE	TO AIRCRAFT AI	ND OTHER PRO	PERTY		
Aircraft Dam	- 1	Aircraft Fire		Aircraft Explosion	
O None	O Substantial	O None	O Both Ground and In-Flight O Fire at Unknown Time	O None	O Both Ground and In-Flight
O Minor	O Destroyed O Unknown	O In-Flight O On-Ground	O Unknown	O In-Flight O On-Ground	O Explosion at Unknown Time O Unknown
Description of	<u>'</u>		Use additional sheet if necessary)		<u> </u>
	_				
Tail twisted u	e to both wings				
one propeller					
right gear leg					
dented nose	cowling				
	HISTORY OF FLIC				
			g circumstances leading to and nati		
	ribution sketch if pertine rovide as much detail as		ts if needed. State departure time and	and location, services	obtained, and intended
		•			
			nd the Stinson 108) to ferry lugga le by boat to Portage Cr. we adde		
ivusiiayak. L	de to complications w	iti illovilig tile peop	ne by boat to Fortage Cr. we add	ed 3 passerigers to t	ne nigrit.
			which had been intermittently gus		
			came airborn and flew through th t wing hit the brush and spun the		settled a little and lurched
ieit iii tiie diie	ction of the quartering	, crosswind. The let	t wing filt the brush and spun the	ali piane around.	

RECOMMENDATION (How	could this	accident/incident ha	ave been pre	vented?)			
Operator/Owner Safety Recomm	endation						
Brush on airstrip perimeter be	cleared (or	ne side already con	npleted.)				
	•	•	. ,				
MECHANICAL MALFU	NCTION/F	FAILURE (If mor	re space is n	eeded, co	ntinue on sepa	rate sheet)	
Was there Mechanical Malfund		-	o opaco io ii	00000, 00	manao on oopa	Tato oneoty	Total Time/Cycles
(If yes, list the name of the part, man			scribe the failu	re.)			On Part
							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	
60	Gallons	● 100 Low Lead ● 100/130	O Jet A O Jet A-1		O JP8 O Automotive		
Other Services, if Any, Prior to	Departure	• • • • • • • • • • • • • • • • • • • •	0		O manomon ve		
011101 201 110000, 1111111, 111111 10							
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation	of the aircra	aft performed?	☐ Yes	✓ No			
Method of Exit - Describe how	the occupan	ts exited and how ma	any occupant	s evacuate	d each location		
Left side passenger door.							
OTHER AIRCRAFT OF	01 1 10101						
OTHER AIRCRAFT – C						ъ.	,
Aircraft Registration Number		ırer:					nage to Other Aircraft Destroyed
	Model:						ubstantial None
Registered Owner of Other Air	craft			Pilot of	Other Aircraft		
Name:				Name:			
City:				City:			
State: ZIP: Country:					:	ZIP:	
				walter !	-		

ADDITIONAL INFORMATION (Please type or print in ink)							
Use this space if addi	tional space	is needed for any answers.					
LUEDEDY CEDTIE	V TUAT TI	E ABOVE INCORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MV KNOW! EDGE			
Date of this Report							
07/14/2021 mm/dd/yyyy							
mm/awyyyy	or	✓ Check here to electronically sign this of	document				
If a Person Other tha	n Pilot/Op	erator is Filing Report					
Name:			Title:				
·		electronically sign this document					
		FOR NTSB	USE ONLY				
NTSB Accident/Incid ANC21LA050	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received			
ANC21LA050		Alaska	Banning	Date Report Received 7/20/2021			