

**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: <u>Anchorage</u> State: <u>Alaska</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>61.19°N</u> Longitude: <u>149.97°W</u> (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>07/23/2021</u> Local Time: <u>1510</u> <small>mm/dd/yyyy</small> Time Zone: <u>AST</u>
Collision with Other Aircraft: Midair On-ground <input checked="" type="checkbox"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N4206H</u> Manufacturer: <u>Piper</u> Model: <u>PA-14</u> Serial Number: <u>14-9</u> Year of Manufacture: <u>1948</u> Amateur-Built: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes: Kit/Plans Make: _____ Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>1935</u> lbs Weight at Time of Accident/Incident: <u>1718</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>
--	---

Category of Aircraft <input checked="" type="checkbox"/> Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width:100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None <input type="checkbox"/> Unknown <input type="checkbox"/>	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear (Check all that apply) Retractable Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> <input checked="" type="checkbox"/> Float <input type="checkbox"/> Skid Hull <input type="checkbox"/> Ski/Wheel Other Launch/Recovery System None <input type="checkbox"/> Unknown <input type="checkbox"/>	Engine Type (Select one) <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Liquid Rocket Turbo Shaft <input type="checkbox"/> Solid Rocket Turbo Prop <input type="checkbox"/> Hybrid Rocket Turbo Jet <input type="checkbox"/> None Turbo Fan <input type="checkbox"/> Unknown Electric Fuel System Type (Reciprocating) Carburetor <input type="checkbox"/> Fuel-Injected <input checked="" type="checkbox"/>
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	<u>Lycoming</u>	<u>0-320-A2B</u>	<u>L-44394-27A</u>	<u>05/12/2001</u>	<u>160</u>	<u>1411.6</u>	<u>29.3</u>	<u>381.0</u>
Eng 2		<u>converted to</u>						
Eng 3		<u>10-320-E2A</u>						
Eng 4								

Last Inspection Type 100-Hour <input type="checkbox"/> Continuous Airworthiness AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown Date Last Inspection: <u>05/04/2021</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>2691.1</u> hrs hours measured at (Select one) Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident <input type="checkbox"/>	Propeller 1 Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable <input type="checkbox"/> Manufacturer: <u>McCaulley</u> Model: <u>1A175/GM82/44</u>	Propeller 2 Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable <input type="checkbox"/> Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input checked="" type="checkbox"/> Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	ELT Installed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: ELT Manufacturer: <u>AMERI-KING CORP</u> Model or Part No.: <u>AK-451</u> TSO No.: <input checked="" type="checkbox"/> C91 (121.5 MHz) <input type="checkbox"/> C91a (121.5 MHz) <input checked="" type="checkbox"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was ELT still connected to antenna? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did ELT Activate? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If activated: Did ELT Aid in Locating Aircraft: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not activated: Indicate Reason: <u>No Impact Damage</u> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown <input type="checkbox"/>	Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input checked="" type="checkbox"/> Electronic Primary Flight Display <input checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device Other, Specify: _____
Description of Fire Extinguishing System <input checked="" type="checkbox"/> None Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Leonard, James P

City: Eagle River

State: Alaska ZIP: 99577

Fractional Ownership Aircraft: Yes No

Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- 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)
- 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

Regulation Flight Conducted Under

- FAR 91
- FAR 129
- FAR 415
- FAR 103
- FAR 133
- FAR 431
- FAR 121
- FAR 135
- FAR 435
- FAR 125
- FAR 137
- FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft *(Select one)*

- Armed Forces
- Federal
- State
- Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- Scheduled or Commuter
- Domestic
- Non-Scheduled or Air Taxi
- International

- Passenger
- Cargo
- Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- Aerial Application
- Firefighting
- Unknown
- Aerial Observation
- Flight Test
- Air Drop
- Glider Tow
- Air Race/Show
- Instructional
- Banner Tow
- Other Work Use
- Business
- Personal
- Executive/Corporate
- Positioning
- External Load
- Skydiving
- 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: Lake Hood Seaplane Base

Distance From Airport Center: _____ sm

Airport Identifier: PALH

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip Water N/A

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: S (L/R/C) Length: 1930' ft Width: 200' ft

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

- Runway/Landing Surface *(Check all that apply)*
- Asphalt
 - Grass/Turf
 - Macadam
 - Water
 - Concrete
 - Gravel
 - Metal/Wood
 - Dirt
 - Ice
 - Snow
 - Unknown

- 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)

- Taxi
- VFR Departure
- On Instrument Approach
- Downwind
- Low Approach
- Takeoff
- IFR Departure Procedure/Clearance
- Landing
- Base
- Go Around
- Initial Climb
- Final
- Aborted Landing (after touchdown)
- Crosswind
- Unknown

IFR Approach (Check all that apply)

- None
- ADF/NDB
- PAR
- MLS
- Practice
- SDF
- Sidestep
- LDA
- GPS
- VOR/TVOR
- ILS
- ASR
- Visual
- VOR/DME
- Localizer Only
- Contact
- TACAN
- LOC-back course
- Circling
- RNAV
- Unknown

VFR Approach (Check all that apply)

- None
- 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" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Stephen City of Residence: Anchorage
 Middle Initial: P State: Alaska ZIP: 99515
 Last Name: Leonard Country: USA
 Age at time of Accident/Incident: 51 Date of Birth: ██████ 1969 mm/dd/yyyy
 Certificate Number: ██████████

Degree of Injury <input checked="" type="checkbox"/> None Fatal Minor Unknown Serious	Seat Occupied <input checked="" type="checkbox"/> Left Front Unknown Right Rear Center Single	Restraint Type Available None Lap only 3-point <input checked="" type="checkbox"/> 4-point 5-point Unknown Used None Lap only 3-point <input checked="" type="checkbox"/> 4-point 5-point Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed Installed Not Deployed Deployed Unknown
---	---	--	---

Pilot Certificate(s) (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

Principal Occupation <input checked="" type="checkbox"/> Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 Unknown	Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers Unknown <input type="checkbox"/> With limitations/waivers N/A Special Issuance	Date of Last Medical <u>05/27/2021</u> mm/dd/yyyy
--	---	---	--

Medical Certificate Limitations
Must wear corrective lenses.

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/27/2021</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA-14</u>
--	--

Airplane Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None <input checked="" type="checkbox"/> Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
--	---	--	--	---

Type Ratings	Student Endorsements (Include dates)
---------------------	---

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1900.0	304.1	1877.2	22.8	37.1		43.7			
Pilot in Command (PIC)	1826.2	304.1	1818.7	1.7	34.1					
Time as Instructor										
This Make/Model										
Last 90 Days	92.0	33.8	169.7 69.7	22.3	1.1					
Last 30 Days	24.9	23.7	24.9 24.9	0	0					
Last 24 Hours	7.1	7.1	7.1 7.1	0	0					

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot
 Co-Pilot
 Student Pilot
 Flight Instructor
 Check Pilot
 Flight Engineer
 Other Flight Crew

"Flight Crewmember 2" was pilot flying
 Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury	Seat Occupied	Restraint Type	Inflatable Restraints
None Fatal Minor Unknown Serious	Left Front Unknown Right Rear Center Single	Available None Lap only 3-point 4-point 5-point Unknown	Used None Lap only 3-point 4-point 5-point Unknown

Pilot Certificate(s) (Check all that apply)	Restrained Type
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer	(Continued from previous table)

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
Pilot Other Unknown	None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	_____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Flight Review Aircraft
_____ mm/dd/yyyy	Make: _____ Model: _____

Airplane Rating(s) (Check all that apply)	Other Aircraft Rating(s) (Check all that apply)	Instrument Rating(s) (Check all that apply)	Instructor Rating(s) (Check all that apply)
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	None Airship Balloon Glider Gyroplane Helicopter Powered Lift	None Airplane Helicopter Powered Lift	None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport

Type Ratings	Student Endorsements (Include dates)
_____	_____

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied		Injury
First Name: _____	City of Residence: _____	Left	Front	None
Middle Initial: _____	State: _____ ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____	Right	Single	Serious
			Unknown	Fatal
				Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	None Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		
		Available	Used	
		None	None	
		Lap Only	Lap Only	
		3-point	3-point	
		4-point	4-point	
		5-point	5-point	
		Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Yes	No			

Crew Name and Address		Seat Occupied		Injury
First Name: _____	City of Residence: _____	Left	Front	None
Middle Initial: _____	State: _____ ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____	Right	Single	Serious
			Unknown	Fatal
				Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	None Installed Installed Not Deployed Deployed Unknown
Private	Recreational	Airline Transport	Foreign	
Student	Sport	Flight Engineer		
		Available	Used	
		None	None	
		Lap Only	Lap Only	
		3-point	3-point	
		4-point	4-point	
		5-point	5-point	
		Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Yes	No			

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew Passenger Other			3-point	3-point		
	4-point	4-point	5-point	5-point		
	Unknown	Unknown	Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew Passenger Other			3-point	3-point		
	4-point	4-point	5-point	5-point		
	Unknown	Unknown	Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew Passenger Other			3-point	3-point		
	4-point	4-point	5-point	5-point		
	Unknown	Unknown	Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew Passenger Other			3-point	3-point		
	4-point	4-point	5-point	5-point		
	Unknown	Unknown	Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PALH</u> City: <u>Anchorage</u> State: <u>Alaska</u> Country: <u>USA</u>	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: <u>PALH</u> City: <u>Anchorage</u> State: <u>Alaska</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input type="checkbox"/> VFR Activated? Yes No Unknown VFR/IFR IFR Unknown
---	---	--	--

Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input checked="" type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>1500</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
--	---

Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Unknown
--	---

Sky/Lowest Cloud Condition <input type="checkbox"/> 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	Ceiling <input type="checkbox"/> None (Clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or <u>64°</u> (F) Dew Point: _____ (C) or <u>49°</u> (F) Altimeter Setting: <u>29.81</u> in. Hg or _____ MB
---	--	--

Wind Direction Variable -or- Direction: <u>150</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>13</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
---	---	--	--

Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <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	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> 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 <table border="1"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	N/A	<input type="checkbox"/> Trace	Rime	<input type="checkbox"/> Light	Clear	<input type="checkbox"/> Moderate	Mixed	<input type="checkbox"/> Severe	Unknown	<input type="checkbox"/> Unknown		Icing Actual <table border="1"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	N/A	<input type="checkbox"/> Trace	Rime	<input type="checkbox"/> Light	Clear	<input type="checkbox"/> Moderate	Mixed	<input type="checkbox"/> Severe	Unknown	<input type="checkbox"/> Unknown		Turbulence <table border="1"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td>Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td>Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input checked="" type="checkbox"/> None	Light	<input type="checkbox"/> Clear Air	Moderate	<input type="checkbox"/> Terrain-Induced	Severe	<input type="checkbox"/> Convective Turbulence	Extreme
Amount	Type																																							
<input checked="" type="checkbox"/> None	N/A																																							
<input type="checkbox"/> Trace	Rime																																							
<input type="checkbox"/> Light	Clear																																							
<input type="checkbox"/> Moderate	Mixed																																							
<input type="checkbox"/> Severe	Unknown																																							
<input type="checkbox"/> Unknown																																								
Amount	Type																																							
<input checked="" type="checkbox"/> None	N/A																																							
<input type="checkbox"/> Trace	Rime																																							
<input type="checkbox"/> Light	Clear																																							
<input type="checkbox"/> Moderate	Mixed																																							
<input type="checkbox"/> Severe	Unknown																																							
<input type="checkbox"/> Unknown																																								
Type (Check all that apply)	Severity																																							
<input checked="" type="checkbox"/> None	Light																																							
<input type="checkbox"/> Clear Air	Moderate																																							
<input type="checkbox"/> Terrain-Induced	Severe																																							
<input type="checkbox"/> Convective Turbulence	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

None
 Minor
 Substantial
 Destroyed
 Unknown

Aircraft Fire

None
 In-Flight
 On-Ground
 Both Ground and In-Flight
 Fire at Unknown Time
 Unknown

Aircraft Explosion

None
 In-Flight
 On-Ground
 Both Ground and In-Flight
 Explosion at Unknown Time
 Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Rudder bent over in flight. It bent to the left above the top hinge.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

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 location, services obtained, and intended destination. Provide as much detail as possible.

I was in level cruise returning to the airport. The aircraft reacted as if it was getting light turbulent wind off of the mountain tops. Frequent left and right rudder inputs were required to keep the ball in the center, similar to landing a tail wheel aircraft on a paved surface. Then yawing began to get worse with slight elevator adjustments to maintain altitude. Then the oscillation stopped and very large right rudder input was required to maintain the course heading. I determined it would be best to use minimal control inputs with only turns to the left to get the aircraft on final approach. Decided to increase final approach speed by 10 mph for precautionary measures and landed without incident.

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

PA-14 Rudder part number 40622-07
 Rudder bent over in flight. the bend was to the left above the top hinge.
 The rudder was overhauled in 2001. Sandblasted, inspected, powder coated, covered and painted.

Total Time/Cycles On Part

2691.1 Hours
_____ Cycles

Time Since This Part Inspected/Overhauled

381.0 Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

20 Gallons

Fuel Type

80/87	115/145	Jet B	Other, specify _____
<input checked="" type="checkbox"/> 100 Low Lead	Jet A	JP8	
100/130	Jet A-1	Automotive	

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

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

Normal exit

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

Aircraft Registration Number

Manufacturer: _____
Model: _____

Damage to Other Aircraft

Destroyed	Minor
Substantial	None

Registered Owner of Other Aircraft

 Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

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 <u>07/29/2021</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator: <u>Stephen P Leonard</u> Signature: _____ - or - Check here to electronically sign this document
--	--

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

- or - Check here to electronically sign this document

FOR NTSB USE ONLY			
NTSB Accident/Incident No. <u>ANC 21LA064</u>	Reviewed by NTSB Regional Office <u>ALASKA</u>	Name of Investigator <u>S. WILLIAMS</u>	Date Report Received <u>7/31/2021</u>