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

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

DAGI			seu ioi rep	orting	CIVII	and publi	Ca	in Crare	accidei	its an	d merc	iciits	
	C INFORMA												
Accident/Incident Location  Nearest City/Place: Nikolai (Fare will)  ZIP. 99691 County U.5.4  Latitude: 62.30 32 8000 Longitude. 153-53-25.02 W						Accident/Incident Date/Time  Date: 05/16/2020 Local Time: 0940							
Latitude	62.30	32 800	Longitude: 15	3-53	- 25.	02 W				Ti	me Zone:	AL ASKA	7
	Enter in decima	ıl degrees or c	degrees:minutes:se	conds)			Col	llision with	Other Air	craft: (	) Midair	n-groun	nd None
AIRC	RAFT INFO	RMATIO	N									•	
Registr	ation Number:	N 54	78 H				Г	] IFR-Equip	oped and Co	ertified			
Manuf	acturer: Pi	PER						Commerci	ial Space Fl				
Model:	PA 18							- aximum Gr		t: 17	50	lbs	
Serial ?	Number: 18	-70											lbs
Year o	f Manufacture:	10.27-	53 ?									ew Seats:	
	ur-Built: OYes		OKit Plans Ma	ke:			Cab	oin Crew Sea	ts:		Passencer	Seats:	
	<b>⊘</b> No	(	Original Design					mber of E					
Catego	ry of Aircraft		irworthiness Ce	ertificate		Landing Ger	ar	***************************************		Engine	Type (Se	elect one)	
Airpl     Dalla		(Check all t			- Control of the cont	(Check all tha				Reci	procating	OLiqui	d Rocket
OBallo OBlim	on p/Dirigible	Standar Norma		ted			Retra	actable			oo Shaft oo Prop		Rocket id Rocket
O Glide	r	☐ Aerob	atic  Limite	d		Tricycle		T	ailwheel	OTurb		ONone	
O Gyro O Helio		☐ Balloo				Amphibiar	bian					own	
	red Lift	Transp				☐Emergency ☐Float	y Flo	oat Si		O Elec	tric		
ORock		☐ Utility	☐ Specia	l Light-Sport		Hull			ki Wheel	Fuel Sv	stem Type	(Reciprocation	19)
O Ultra O Unkn		<b>D</b> a 12	-	mental Light	•	Other Laur	nch/I	Recovery Sys	stem	1	uretor	O Fuel-	
	and the second	None	of Authorization	or Waiver ( Unknown	COA)	None		Пи	nknown				
		er freshilder firske berørsjik direjdindeg reges, in legeskrisse en		T			T	Date	Rated Pow	er	Total	Time	Since:
Engine	Engine Manufa	cturer	Engine Model/Series		Manufa Serial N	cturer's		of Mfg.	O the of		Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1	LVComin		0320			76-27				504	4850	erritments of the property of the contract of	
Eng. 2	7	NOT THE BUILDING THE PROPERTY OF THE PARTY OF			der and a substitute of the su			THING BUSI	BORD OVERSON OPENSIONERS IN BUILDING				
Eng. 3													
Eng. 4													
Last II	spection Type			Propeller	r 1	OControll		Pitch	Prope	eller 2		Fixed Pitch Controllable I	Ditch
<b>◎</b> 100-H		inuous Airwo				O Ground	Adiu					Ground Adju	
O AAIP O Annu		litional Inspec	ction			eCqu15			Manu	facturer:		*****************************	
	ast Inspection:		12020	Model: 🙋	A (7	519 m	8	241	Mode	e1:			
Date L	ast inspection.	mm/dd/yy		ELT Inst	alled:	Yes Ol	No		1		ipment (	Check all that	apply)
	ne Total Time:	and the second second second second second	hrs	If Yes:		E KAANA	1)		□ AD	S-B frame Para	chute		
-	's measured at (Se			Model or	utacture Part No	406 A	E.	Com Det	Ang	le of Atta	ck Indicato	r	
		*****************	ccident/Incident			121.5 MHz) O			- Linu	opilot a Recorde:	r		
Type of Maintenance Program (Select one) OC126 (406 MHz)					(406 MHz)						Handheld De	vice	
Annual     Conditional (Amateur-built only)     Was ELT still mounted in aircra								Drt.		ltifunction mary Fligh			
O Manufacturer's Inspection Program  Was ELT still connected to anter					Yes ONo		dheld GPS		Display				
O Other Approved Inspection Program (AAIP) O Continuous Airworthiness  Did ELT Activate?					. 6100 0.1	••			ds Up Dis				
	specify:		nacione remainment and an area			ocating Aircraft	t: C	Yes <b>©</b> No		oard Wea	ther ting Device	,	
Descrip	tion of Fire Ex	tinguishing	System	If not acti					☐ Stal	Warning	System		
<ul><li>None</li><li>Spec</li></ul>			-	Indicate R	eason:	Impact Dam				eo Record: er, Specify	ing Device		
O spec	iry.					☐ Fire Damage ☐ Battery Exp		Damaged	LOUR	a, specify			
		**************************************				Unknown							

OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner		City: EAGLE RIVER							
Name: Le Delle Hent.	500	State: AK ZIP: 99577							
Fractional Ownership Aircraft:   Yes C	1	Country: US A							
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner							
Name:		City:							
Doing Business As:		State: ZIP:							
Air Carrier/Operator Designator (4 Charact	er Code):	Country:							
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)							
■None     □Flag Carrier Operating Certificate (FAR 121)     □ Supplemental     □ Air Cargo	●FAR 91 OFAR 129 OFAR	R 431 O Non-Scheduled or Air Taxi O International R 435							
☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	OFAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Passenger O Cargo O Mail Contract Only	<b>Washington</b>						
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)							
□ 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 Armed Forces O Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Race Show O Business O Business O Executive Corporate O Aerial Operation O Firefighting O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Executive Corporate O Positioning	n						
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry							
O Yes 💮 No	O Yes 🛮 No								
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport	t)						
Airport Name: NEXT to A									
Airport Identifier: 56		* Annual and a supplemental and							
Proximity to Airport: Off Airport Airstri		Direction From Airport: degrees true Airport Elevation: ft. msl							
Runway Information		Condition of Runway/Landing Surface (Check all that apply)							
Runway ID (L/R C) Length: Runway/Landing Surface (Check all that a   Concrete	<i>apply)</i> dam □ Water I Wood	Snow-Compacted   Water-Calm   Holes   Snow-Crusted   Water-Choppy   Ice Covered   Snow-Dry   Water-Glassy   Rough   Snow-Wet   Wet   Snow-Wet   Wet   Slush-Covered   Vegetation   Unknown							
Approach/Departure Segment (Select one,									
OTaxi OVFR Departure  OTakeoff OInitial Climb	OOn Instrument Appelore Clearance OLanding	Approach OBase OFinal OCrosswind OCrosswind OCN OCROSSWIND OCROSSWIND OCN OCROSSWIND OCN OCROSSWIND OCN OCROSSWIND OCN OCN OCROSSWIND OCN OCROSSWIND OCN OCROSSWIND OCN OCROSSWIND OCN OCROSSWIND OCN OCROSSWIND							
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)							
ADF NDB	□MLS         □Practice           □LDA         □GPS           □ASR         □Visual           □Contact         □Circling           □Unknown	☐ None  ☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Valley Terrain Following ☐ Go Around ☐ Full Stop ☐ Precautionary Landing ☐ Unknown							

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" F					_		_			
Pilot O Co-Pilot	O Student Pilot	OFlight I		Check Pilot	O Fligh	nt Engineer	O Other	Flight Crew		
"Flight Crewmember 1" w		Yes N	0						Trape Strate Strategy and a second property of the	***************************************
"Flight Crewmember 1" Identification  First Name: Le Delle Aentson  City of Residence: EAg /z Kidek										
Middle Initial: 🗲 👔					tate:	1	7	ZIP: 99	7517	er demokratiska kamula kalunyak
Last Name: ARNT	SON				Country:	1	51		9	
Age at time	of Accident/Incident:	65	Date of B		ound v.	1955 "	m/dd/vvv		***************************************	
Č			ertificate Num			/ / OO ···				
Degree of Injury	Seat Occupied		artificate 1 tuli	***************************************	traint Ty	me		1	Inflatable F	) outroints
None O Fatal O Minor O Unknown O Serious	O Left O Right	O Front O Rear O Single	O Unknov	120	Available Used O None O None				Not Inst	talled
Pilot Certificate(s) (Check				THE STATE OF THE S	O Lap o		OLap onl O3-point		☐ Installed	
	t Instructor Cor eational Air	nmercial line Transpo pht Engineer			O 4-poir O 5-poir O Unkn	nt nt	4-point 5-point Unknov	And the second	☐ Deploye	ed
Principal Occupation	Medical Certificate	BAS	ic med	). Med	dical Cer	tificate Va	lidity		Date of Las	t Medical
O Pilot	O None O C	lass 3		7 💿		nitations war		nknown	10-17.	2010
Other Unknown		river's Lice: nknown	nse (Sport Pilot		Vith limita pecial Issi	tions/waiver: iance	s 0 N	A	mm/dd/yr	17
Medical Certificate Limits					p					***
NONE										
Medical Certificate Specia	l Issuance				PARTICIPATION AND ADMINISTRATION					***************************************
NONE										
Date of Last Flight Review	7	Flight	Review Airc	raft			hara terumuha jahan adalah sajah dalah	nia filozofia de la compania del compania del compania de la compania del la compania de la comp		
or Equivalent, Including FAR 121/135 Checks:	05/17/2019	Make:	PIPER							
TARTENTOS CIRCRA.	mm/dd/yyyy	Model	PA 12						***************************************	************
Airplane Rating(s)	Other Aircraft R	Rating(s)	Instrum	ent Rating(s)	)	Instructo	r Rating(s)	balantan tana arter dari da da kerepelanjina kerda kalanda da da	Advision and the state of the s	Senderful description and relations in Contract Access
(Check all that apply)	(Check all that appl	y)	(Check all	that apply)		(Check all 1	that apply)			
None Single-Engine Land	☐ None ☐ Airship		None Airpla	na		None None	a Cinala Ena		Instrument	
☐ Single-Engine Sea	☐ Balloon		☐ Helico			☐ Airplan	e Single-Eng e Multi-Engi	ne 🗆	Instrument I Helicopter	Helicopter
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gvroplane		☐ Power	ed Lift		☐ Gyropla ☐ Powered			Glider	
	☐ Helicopter					□ Powered	a Lift	L	Sport	
Type Detings	☐ Powered Lift									
PRIVATE						Student E	indorsemei	its (Include o	dates)	
PRIVATE							1			
. s.						N	ONE			11
						•				
	-		UPP ARION TO BE COST OF THE STREET CONTROL OF	pilotta (rija Aurenia caratrillari rus automissionusaturusaturu	,	of the Port of the American Street Constitution (			·	para Aurosciniona constitución das
Flight Time (Enter appropria number of hours in each box)	Aircraft &	his Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instr Actual	ument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			698.4	NODE	2		. 3	NONE	NONE	NONE
Pilot in Command (PIC)	589.12	28-0								
Time as Instructor										
This Make/Model					-		anting or our flows, or wheel the contract of			
Last 90 Days		) m n								
Last 30 Days Last 24 Hours	0	20.0								

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident										
OPilot OCo-Pilot O Student Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew  "Flight Crewmember 2" was pilot flying □ Yes □ No										
"Flight Crewmember 2" Identification										
Age of the Party o	First Name: City of Residence:									~~~~
Middle Initial:					State:		2	IP:		
Last Name:		Making Armanian and Armanian Language Language (Albanda Language Language Language (Albanda Language Language (Albanda L	Majorine M. Sall and dealers in the contract of the contract o		Country:					
Age at time of Accident/Incident: Date of Birth: mm/dd/yyyy										
			ficate Numb			THE PART OF THE PA				
Degree of Injury	Seat Occupied	******************			Restraint T	`vpe	Martin and when the market court of high co.		Inflatable F	2estraints
O None O Fatal O Minor O Unknown O Serious	O None O Fatal OLeft OFront OUnknown O Minor O Unknown O Right O Rear				Available Used O None O None					talled
Pilot Certificate(s) (Check of	ill that apply)		NOTE OF THE PROPERTY OF THE PR		O 3-po	int	O 3-point	,	☐ Installed	ployed
□ None         □ Flight           □ Private         □ Recree           □ Student         □ Sport		nercial e Transport Engineer	US Mil		O 4-po O 5-po O Unki	int	O 4-point O 5-point O Unknov	vn	☐ Deploye	
Principal Occupation	Medical Certificate			N	Iedical Ce	rtificate Va	lidity .		Date of Las	t Medical
O Pilot	O None O Chas O Class 1 O Driv	s 3	(D - 171)			mitations/war		nknown		
O Other O Unknown	O Class 2 O Unk	er's License no yn	(Sport Pilot		O Special Iss	ations/waivers	9 O N	A	mm/dd/yy	17
Medical Certificate Limita	THE WORLD PRODUCTION OF THE PR	-							V V	¥ ¥ taineprésigosto é esperator riparios alettros
A COUNTAIN EMINIATIONS										
Medical Certificate Special	Issuance	L	/ /							
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:		Møke: _	eview Airci	raN						
	mm/dd/yyyy	Model:								
Airplane Rating(s) (Check all that apply)	Other Aircraft Rat (Check all that apply)	ting(s)	Instrume			Instructor				
□ None	□ None		(Check all	tnat appiy)		(Check all the	iat appiy)	П	Instrument A	imlana
☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Airship   Balloon   Glider   Gyroplane   Helicopter   Powered Lift		☐ Airplan ☐ Helicop ☐ Powere	pter	None   Instrument Airplane   Airplane   Airplane Single-Engine   Instrument Helicopter   Helicopter   Gyroplane   Glider   Sport   Sport					
Type Ratings						Student Er	idorsement	s (Include d	ates)	
Flight Time (Enter appropria number of hours in each box)		Make Model	Airplane Single Engine	Airplane Multiengi		TO THE ROLL PROPERTY AND ADDRESS OF THE PARTY OF THE PART	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			To the state of th							
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										1
Last 90 Days									1	
Last 30 Days Last 24 Hours									1	

ADDITIONAL FLIGH	TCREWMEMBE	RS (Exclusiv	e of cabin cr	ew, complete	the followin	g information)				
Crew Name and Address	i					Seat Occupie	ed	Injury ,		
First Name:					O Left O Center	O Front O Rear	O None O Minor			
Middle Initial:		State: ZIP:					O Single	O Serious		
Last Name: Country:							OUnknown	O Fatal O Unknown		
Pilot Certificate(s) (Checi	k all that apply)	The state of the s				Restraint Ty		Inflatable		
□ None □							Available Used O None O None			
☐ Private ☐ Student ☐	□ Private □ Recreational □ Airline Transport □ Foreign					O Lap Only	☐ Not Installed ☐ Installed			
□ Student □	Sport	Fight Engine	er	/		O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed		
Type Rating/Endorseme	nt for	1	light Time a			O 5-point	O 5-point	☐ Deployed ☐ Unknown		
Accident/Incident Aircra	ff? Yes 🗆	No of this	ecident/Inc	ident:	hrs	O Unknown	O Chknown			
					***************************************					
Crew Name and Address		/				Seat Occupie	O Front	Injury		
First Name:		City of Resider	nce:			OLeft OCenter	O Rear	O None O Minor		
Middle Initial: Last Name:		State:				ORight	O Single O Unknown	O Serious O Fatal		
Last Name.		Country:					O chameun.	O Unknown		
Pilot Certificate(s) (Check	k all that apply)					Restraint Ty		Inflatable		
	Flight Instructor	☐ Commercial		Military		Available O None	O None	Restraints		
	Recreational Sport	☐ Airline Transp ☐ Flight Enginee	-	eign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed		
	*					O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed		
Type Rating/Endorsement Accident/Incident Aircra			light Time a Accident/Inci	t the Time dent:	hrs			☐ Deployed ☐ Unknown		
PASSENGER(S) / OT	HED DEDCONN									
	HER FERSONN	IEL (Include c	abin crew; c	ontinue on se	parate shee	t if necessary)				
Name and Address	HER PERSONN	IEL (Include c	abin crew; c	ontinue on se Injury	Restraint T		Inflatable Restraints	Age		
Name and Address					Restraint T	ype Used				
Name and Address	City : WA5.	'NA	Seat QLeft	Injury  None	Restraint T Available ONone	ype Used O None	Restraints  Not Installed	Age Under 5 years		
Name and Address  First Name Indi  Middle Initial:	City: WAS	11A 59054	Seat  OLeft Center ORight	Injury  None OMinor O Serious	Restraint T  Available ONone OLap Only O3-point	Vsed O None O Lap Only O 3-point	Restraints  Not Installed Installed Not Deployed	Under 5 years		
Name and Address  First Name Inol.  Middle Initial:  Last Name ILAR fin	City: WA5.	11A 59054	Seat  OLeft Center ORight OUnknown	Injury  None OMinor OSerious OFatal	Restraint T  Available  ONone  OLap Only	ype Used O None O Lap Only	Restraints  Not Installed Installed Not Deployed Deployed	Under 5 years  If Under 5.  O Child Restraint		
Name and Address  First Name Inol.  Middle Initial:  Last Name ILAR fin	City: WAS	11A 59054	Seat  OLeft Center ORight	Injury  None OMinor O Serious	Restraint T  Available O None O Lap Only O 3-point 4-point	Vsed O None O Lap Only O 3-point O 4-point	Restraints  Not Installed Installed Not Deployed	Under 5 years  If Under 5.		
Name and Address  First Name Lind' Middle Initial: Last Name LAR fin	City: WA5.	99654 A O Other	Scat  OLeft Center ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown	Restraint T  Available O None O Lap Only O 3-point 4-point O 5-point O Unknown  Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints  Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown		
Name and Address  First Name Lind' Middle Initial: Last Name LAR fin	City: WASA State AK ZIP Country: US  Passenger  City: State: ZIP	99654 A OOther	Seat  OLeft Center ORight OUnknown	Injury  None OMinor OSerious OFatal	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only	Used O None C Lap Only O 3-point O 4-point O 5-point O Unknown Used O None C Lap Only	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed	Under 5 years  If Under 5. OChild Restraint OLap-Held OUnknown		
Name and Address  First Name Indi  Middle Initial: Last Name IAR fin  OCrew	City: WASA State AK ZIP Country: US  Passenger  City: State: ZIP	99654 A OOther	Scat  OLeft Ocenter ORight OUnknown Row: OLeft OCenter ORight	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious	Restraint T  Available ONone OLap Only O3-point O5-point OUnknown  Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Restraints  Not Installed   Installed   Not Deployed   Deployed   Unknown	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5.		
Name and Address  First Name: Look Middle Initial: Last Name: AP fin  OCrew  First Name: Middle Initial: Last Name:	City: WAS To State AK ZIP Country: US  Passenger  City: ZIP Country: ZIP	99654 4 OOther	Scat  OLeft Center ORight OUnknown Row: OLeft OCenter ORight OUnknown	None OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O5-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed	Under 5 years  If Under 5. OChild Restraint OLap-Held OUnknown		
Name and Address  First Name: Look Middle Initial: Last Name: AP fin  OCrew  First Name: Middle Initial: Last Name:	City: WAS To State AK ZIP Country: US  Passenger  City: ZIP Country: ZIP	99654 A OOther	Scat  OLeft Ocenter ORight OUnknown Row: OLeft OCenter ORight	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints  Not Installed Installed Deployed Deployed Unknown  Not Installed Installed Distalled Deployed Deployed	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint		
Name and Address  First Name: Look Middle Initial: Last Name: AR fin  OCrew  First Name: Middle Initial: Last Name: OCrew	City: WAS IT State AK ZIP Country: US  Passenger  City: ZIP Country: OPassenger  City: Country: Country: City: Country: City:	99654 A O Other	Seat  OLeft Center ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury  None OMinor OSerious OTatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O5-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints  Not Installed   Installed   Not Deployed   Unknown  Not Installed   Installed	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint Lap-Held O Unknown		
Name and Address  First Name: Indi Middle Initial: Last Name: AP In  OCrew  First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Middle Initial:	City: WAST State AK ZIP Country: WS Passenger  City: ZIP Sountry: OPassenger  City: ZIP State: ZIP State: ZIP State: ZIP	99654 A Other	Scat  OLeft Center ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OTher	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OMinor OSerious	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O1-point O4-point O5-point OUnknown  Available ONone OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints  Not Installed   Installed   Not Deployed   Deployed   Unknown  Not Installed   Not Deployed   Unknown  Not Installed   Not Deployed   Unknown	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years		
Name and Address  First Name: Indi Middle Initial: Last Name: Are fin  OCrew  First Name: OCrew  First Name: OCrew	City: WAST State AK ZIP Country: WS Passenger  City: ZIP Sountry: OPassenger  City: ZIP State: ZIP State: ZIP State: ZIP	99654 A Other	Scat  OLeft Ocenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  OTatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point	Restraints  Not Installed   Installed   Not Deployed   Deployed   Unknown  Not Installed   Installed   Installed   Installed   Installed   Installed   Deployed   Unknown	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5.		
Name and Address  First Name: Indi Middle Initial: Last Name: AP In  OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: WAST State AK ZIP Country: WS Passenger  City: ZIP Sountry: OPassenger  City: ZIP State: ZIP State: ZIP State: ZIP	99654 A Other	Scat  OLeft Center ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OTher	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious ONone OMinor OSerious	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point OUnknown	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only O3-point OUnknown	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5 years		
Name and Address  First Name Ind' Middle Initial: Last Name Mark fin  O Crew  First Name: O Crew  First Name: Middle Initial: Last Name: O Crew  First Name: O Crew  Crew	City: LAS State AK ZIP Country: LY Passenger  City:	O Other	Seat  OLeft Center ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OTatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 1-point	Restraints  Not Installed   Installed   Not Deployed   Unknown  Not Installed   Installed	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5. O Child Restraint O Unknown		
Name and Address  First Name: India Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew	City: WAST State AK ZIP Country: WS Passenger  City: State: ZIP Country: OPassenger  City: ZIP Country: OPassenger  City: ZIP Country: OPassenger  City: ZIP Country: City: ZIP	99654 A O Other	Seat  OLeft Center ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OF-off OCenter ORight OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OVnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O5-point O5-point O5-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown O 4-point O 5-point O Unknown	Restraints  Not Installed   Installed   Not Deployed   Unknown  Not Installed   Installed	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5 years		
Name and Address  First Name: India Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Middle Initial:	City: WAST State AK ZIP Country: US Passenger  City: ZIP Country: OPassenger  City: ZIP Country: OPassenger  City: ZIP Country: OPassenger  City: ZIP Country: OPassenger	99654 A O Other	Seat  OLeft Center ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point ONone OLap Only O3-point ONone OLap Only O3-point ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 3-point	Restraints  Not Installed   Installed   Not Deployed   Unknown  Not Installed   Installed	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5.		
Name and Address  First Name: Indi Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Last Name: Last Name: Middle Initial: Last Name:	City: WAST State AK ZIP Country: US Passenger  City: ZIP Country: OPassenger  City: ZIP Country: OPassenger  City: ZIP Country: OPassenger  City: ZIP Country: OPassenger	99654 A O Other	Seat  OLeft Center ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OCenter ORight OUnknown Row: OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point ONone OLap Only O3-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O S-DOIN	Restraints  Not Installed   Installed   Installed   Deployed   Deployed   Unknown  Not Installed   Installed   Installed   Installed   Installed   Installed   Installed   Unknown  Not Installed   In	Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5. O Child Restraint O Lap-Held O Unknown  Under 5. O Child Restraint O Lap-Held O Unknown		

FLIGHT ITINERARY INFORMA	TION					
Last Departure Point	Time of Departure	Destination	on	1	Type Fligh	t Plan Filed
Airport ID: PAB	Time: 0605	Airport ID:	56 A	-	O None	O VFR/IFR
City (hug , AK		City: FA	P& W4//	,	O Company O Military	
State: AK	Time Zone: AK	_ State:	AK		VFR VFR	VIIC O CHAROWII
Country: U5A		Country:	LIJA		Activated?	●Yes ONo OUnknown
Type of ATC Clearance/Service (Check al	that apply)	Angel de la company de la comp	entiferente antiente en		AND THE PROPERTY OF THE PROPER	PET PRINCIPLA CHE SHAWE (STEELE COUR AND EMPLOYED AND EMPLOYA CHE READING COURSE (AND AND AND AND AND AND AND AND AND AND
None         □ Special VFR           VFR         □ IFR	vi	ecial IFR FR On Top		☐ VFR Flight Foll ☐ Traffic Advisory		☐ Cruise ☐ Unknown / NA
Airspace where the accident/incident occ						Altitude of In-Flight
☐ Class A☐ Class G☐ Demo Area		ilitary Operations rport Advisory A	Area (MOA)	☐ Special ☐ Air Traffic Cont	ral Arca	Occurrence:
☐ Class C ☐ Warning Area		Training Area	ıca	Unknown	ioi Alea	N/A ft msl
☐ Class D ☐ Prohibited Area ☐ Class E ☐ Restricted Area				_		A ALASA
	-					
WEATHER INFORMATION AT Source of Pilot Weather Information	THE ACCIDEN	I/INCIDEN				
(Check all that apply)			Weather Ob	Servation Facility	Nell	1.
National Weather Service	Company					liA
	Military			ime:		and the second second
	Internet None		Time Zone:			a Print State (State (S
Commercial Weather Service (DUATS)	Unknown			Accident Site:	Andreas Adoption of the Control of t	(HADA)
On-Board Weather		William Anny since announce and the Control and Austra Marketina	Direction from	Accident Site:		_ degrees true
Basic Conditions	Light Condit					
OVMC OIMC	ODawn	ODusk			known	
O Unknown	<b>O</b> Day	ONight	OBrig	ht Night		
Sky/Lowest Cloud Condition	Ceiling	aparan Mineri digenciale destruitațieni, despridațien esta amente concentrate in columbia (columbia).		Temperature		(C) or 5 6 (F)
O Clear O Thin Broken	O None (Clear	) 0	Obscured	1		
O Few Thin Overcast O Partial Obscuration O Unknown	O Broken					) or(F)
O Scattered			Unknown	Altimeter Setti	ing:	in. Hg
Lowest Cloud Condition Height	Ceiling Heigh	Ceiling Height ft agi			or	MB
ft agi		9000	ft agl	on the state of th		
Wind Direction Wind Speed		Wind Gusts	The state of the s	Visibility /	Wlimite	A
▼Variable □ Calm		☐ Not Gustin	9 7			
☐ Light and	Variable		7			
Direction: degrees true Speed: 5	-10 leto	-or-				
		Speed:	kts	Density Altitud		
OLight Type of Pred	ipitation (Check all t					heck all that apply)
O Moderate Rain	☐ Drizzle ☐ Ice Pellets	☐ Freezing ☐ Snow Si		■ None ■ Blowing Dus	F	og round Fog
O Heavy	☐ Snow Pellet	s 🔲 Ice Pelle		☐ Blowing San		
● N/A ☐ Hail OUnknown ☐ Rain Shows	Snow Grain	is  Freezing	g Drizzle	☐ Blowing Sno	Booksey	e Fog
O Chikhowh Li Rain Showe	rs 🔲 Ice Crystals			☐ Blowing Spr		moke inknown
Icing Forecast	Icing Actual	***************************************		Turbulence		
Amount Type	Amount	Type		Type (Check all	that apply)	Severity
None O N/A O Trace O Rime	None O Trace	ON/A		None	• • • •	□Light
O Light O Clear	O Light	O Rime O Clear		Clear Air	red	□Moderate □Severe
O Moderate O Mixed O Severe O Unknown	O Moderate	O Mixed		Convective T		□Extreme
O Severe O Unknown O Unknown	O Severe O Unknown	O Unkno	own	National Control of Co		
			1 // 0:	1		
NOTAMs (D and FDC), AIRMETs, SI	GME IS, PIKEPS	s in effect at t	ne time of th	e accident/incid	ent:	
NONE						ł

Aircraft Damage O None Substantial	Aircraft Fire None	O Both Ground and In-Flight	Aircraft Explosion  None	
O Minor O Destroyed O Unknown	O In-Flight O On-Ground	O Fire at Unknown Time O Unknown	O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description of Damage to Aircraft			O Oli Ciciani	
Both Wings,				
Do rec o a la jaj	7.00			
NARRATIVE HISTORY OF FL	LIGHT (Please type	or print in ink)		
Describe what occurred in chrono	logical order, includ	ling circumstances leading to an	d nature of accident/incid	lent. Describe terrain and include
wreckage distribution sketch if pert destination. Provide as much detail	as possible. On 5	-16-20/20, @ APAROT	Compty 09do h	RS. I WAS
beginning a lake	OFF Roll a	+ a pridate Aires	tais & FAREWE	A AK, Returning
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And lane began to	= Liff off.	the Run Way. The	E AIR CRAFT CA	wolf a wine To
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WHO Gorna to	Pan this	KE WENTER !	MIGHT DIAME	<u></u>
Continued	on DAG	E 11.		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

RECOMMENDATION (How could this	accident/incident h	ave been prevented?	)		
Operator/Owner Safety Recommendation	40 Know				
MECHANICAL MALFUNCTION/	FAILURE (If mo	re space is needed, c	ontinue on sepa	nrate sheet)	
Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par	e?	scribe the failure.)			Total Time/Cycles On Part  Hours
					Cycles Time Since This Part Inspected/Overhauled
FUEL & SERVICES INFORMATION	ON				Hours
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)  Gallons	Fuel Type  ○ 80/87  ● 100 Low Lead  ○ 100/130	O 115/145 O Jet A O Jet A-1	O Jet B O JP8 O Automotive	O Other, specify	
Other Services, if Any, Prior to Departure					
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircra	oft performed?	☐ Yes ☑ No	Andrew Control of the		
Method of Exit, Describe how the occupant  CXI LED CLE AIR CR	s exited and how ma	my occupants evacuate	ed each location		
OTHER AIRCRAFT - COLLISION	(If air or ground o	collision occurred, co	molete this sect	ion for other aircraft	
Aircraft Registration Number   Manufactu	,			<b>Dam</b> : ☐ De	age to Other Aircraft stroyed
Registered Owner of Other Aircraft	NA	Pilot of	Other Aircraft		
Name:	/"	Name: City: State:		ZIP:	
Country:		Country			OF CAMPANA MATERIAL PROCESS OF A STATE OF CONTRACT OF

ADDITIONAL INF	ORMAT	ION (Please type or print in ink)	***************************************	to Commission (Commission Commission Commiss
ADDITIONAL INF Use this space if add The Head Coepet Act	FORMAT itional spa	How (Please type or print in ink)  The is needed for any answers. Confidence of the Karan Angle of the Karan	Prom page (2).  Fr., That the 6/4  Ds. 2	OFF AND
I HEREBY CERTIFY	THAT T	HE AROVE INFORMATION IS COMPI	ETE AND ACCURAT	
Date of this Penort	Names	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BI	EST OF MY KNOWLEDGE
Date of this Report  05/18/2010  mm/dd/yyyy	Name of Signatur	Pilot Operator: Le De 1/2 E	2	
mmawyyyy	01'	Check here to electronically sign this	document	
		erator is Filing Report		
			Title:	
Signature:Ch	eck here to	electronically sign this document		
		FOR NTSB	IISE ONLY	
NTSB Accident/Incide ANC20CA04	ent No.	Reviewed by NTSB Regional Office Alaska	Name of Investigator Banning	Date Report Received 6/9/2020