

**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: Nikolai (Farewell) State: AK
 ZIP: 99691 County: USA
 Latitude: 62-30-32 Longitude: 153-53-25.02 W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/16/2020 Local Time: 0940
mm/dd/yyyy Time Zone: ALASKA

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N5478H
 Manufacturer: PIPER
 Model: PA 18
 Serial Number: 18-70
 Year of Manufacture: 10-27-53?
 Amateur-Built: Yes No If Yes: Kit Plans Make: Original Design

- IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 1750 lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: 2 Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
 Number of Engines: _____

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

- Type of Airworthiness Certificate**
(Check all that apply)
- | | |
|--|---|
| 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 |
- Certificate of Authorization or Waiver (COA)
 None Unknown

- Landing Gear**
(Check all that apply)
- Retractable
- Tricycle
 - Tailwheel
 - Amphibian
 - High Skid
 - Emergency Float
 - Skid
 - Float
 - Ski
 - Hull
 - Ski Wheel
 - Other Launch Recovery System
 - None Unknown

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

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg.	Rated Power	Total Time	Time Since Inspection	Time Since Overhaul
Eng. 1	<u>LYCOMING</u>	<u>0320</u>	<u>5286-27</u>	<u>UNKNOWN</u>	<input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust <u>150</u>	<u>504</u>	<u>4850</u>	<u>504</u>
Eng. 2								
Eng. 3								
Eng. 4								

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

Date Last Inspection: 05/02/2020
mm/dd/yyyy
 Airframe Total Time: 5520 hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

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

- Description of Fire Extinguishing System**
- None
 - Specify: _____

Propeller 1

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: McCawley
 Model: PA-17519 m 8241

Propeller 2

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: _____
 Model: _____

ELT Installed: Yes No
If Yes:
 ELT Manufacturer: KANAD
 Model or Part No.: 406 AF-Complete
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No
 Was ELT still connected to antenna? Yes No
 Did ELT Activate? Yes No

If activated:
 Did ELT Aid in Locating Aircraft? Yes No

If not activated:
 Indicate Reason: Impact Damage Fire Damage Battery Expired Damaged Unknown

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

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>LeDelle Arntson</u> Fractional Ownership Aircraft: <input checked="" type="radio"/> Yes <input type="radio"/> No <u>Paula Arntson</u>		City: <u>Eagle River</u> State: <u>AK</u> ZIP: <u>99577</u> Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<input checked="" type="checkbox"/> Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft		Regulation Flight Conducted Under <u>2</u> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input checked="" type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No		Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	
Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only			
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown <input type="radio"/> Aerial Observation <input type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race Show <input type="radio"/> Instructional <input type="radio"/> Banner Tow <input type="radio"/> Other Work Use <input type="radio"/> Business <input checked="" type="radio"/> Personal <input type="radio"/> Executive Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry			
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>Next to Private Airstrip</u> Airport Identifier: <u>56A</u> Proximity to Airport: <input checked="" type="radio"/> Off Airport Airstrip <input type="radio"/> On Airport Airstrip <input type="radio"/> N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: <u>C</u> (L/R/C) Length: <u>1500</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input checked="" type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Metal Wood <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown			
Approach/Departure Segment <i>(Select one)</i> <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input checked="" type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> Crosswind <input type="radio"/> Unknown			
IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> VOR DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown		VFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" Responsibilities at the Time of Accident Incident <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew											
"Flight Crewmember 1" was pilot flying <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
"Flight Crewmember 1" Identification First Name: <u>Ledelle Arntson</u> City of Residence: <u>Eagle River</u> Middle Initial: <u>E</u> State: <u>AK</u> ZIP: <u>99577</u> Last Name: <u>Arntson</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>65</u> Date of Birth: <u>1955</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>											
Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input checked="" type="radio"/> Center <input type="radio"/> Single			Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" 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 type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		Medical Certificate <u>BASIC med.</u> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown		Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			Date of Last Medical <u>10-17-2019</u> mm/dd/yyyy				
Medical Certificate Limitations <u>NONE</u>											
Medical Certificate Special Issuance <u>NONE</u>											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/17/2019</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA 12</u>							
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport			
Type Ratings <u>PRIVATE</u>				Student Endorsements (Include dates) <u>NONE</u>							
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
Total Time		698.4	28.0	698.4	NONE	2	.3		NONE	NONE	NONE
Pilot in Command (PIC)		589.1	28.0								
Time as Instructor											
This Make Model											
Last 90 Days											
Last 30 Days			20.0								
Last 24 Hours			6.6								

"FLIGHT CREWMEMBER 2" INFORMATION													
"Flight Crewmember 2" Responsibilities at the Time of Accident Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew													
"Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input 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			Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N A <input type="radio"/> Special Issuance			Date of Last Medical _____ mm/dd/yyyy				
Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown													
Medical Certificate Limitations													
Medical Certificate Special Issuance													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____									
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift				<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> 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		
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: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input checked="" type="radio"/> None	
Middle Initial: _____		State: _____ ZIP: _____		<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name: _____		Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown		<input type="radio"/> Fatal	
						<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
<input type="checkbox"/> None		<input type="checkbox"/> Flight Instructor		Available		Used	
<input type="checkbox"/> Private		<input type="checkbox"/> Recreational		<input type="radio"/> None		<input type="radio"/> None	
<input type="checkbox"/> Student		<input type="checkbox"/> Sport		<input type="radio"/> Lap Only		<input type="radio"/> Lap Only	
		<input checked="" type="checkbox"/> Commercial		<input type="radio"/> 3-point		<input type="radio"/> 3-point	
		<input checked="" type="checkbox"/> Airline Transport		<input type="radio"/> 4-point		<input type="radio"/> 4-point	
		<input checked="" type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point		<input type="radio"/> 5-point	
		<input type="checkbox"/> US Military		<input type="radio"/> Unknown		<input type="radio"/> Unknown	
		<input type="checkbox"/> Foreign					
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs				
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Crew Name and Address				Seat Occupied		Injury	
First Name: _____		City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial: _____		State: _____ ZIP: _____		<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name: _____		Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown		<input type="radio"/> Fatal	
						<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints	
<input type="checkbox"/> None		<input type="checkbox"/> Flight Instructor		Available		Used	
<input type="checkbox"/> Private		<input type="checkbox"/> Recreational		<input type="radio"/> None		<input type="radio"/> None	
<input type="checkbox"/> Student		<input type="checkbox"/> Sport		<input type="radio"/> Lap Only		<input type="radio"/> Lap Only	
		<input type="checkbox"/> Commercial		<input type="radio"/> 3-point		<input type="radio"/> 3-point	
		<input type="checkbox"/> Airline Transport		<input type="radio"/> 4-point		<input type="radio"/> 4-point	
		<input type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point		<input type="radio"/> 5-point	
		<input type="checkbox"/> US Military		<input type="radio"/> Unknown		<input type="radio"/> Unknown	
		<input type="checkbox"/> Foreign					
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs				
<input type="checkbox"/> Yes <input type="checkbox"/> No							
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)							
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints
First Name: <u>Cindi</u>		City: <u>WASILLA</u>		<input type="radio"/> Left	<input checked="" type="radio"/> None	Available	
Middle Initial: _____		State: <u>AK</u> ZIP: <u>99654</u>		<input checked="" type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	
Last Name: <u>MARTIN</u>		Country: <u>USA</u>		<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	
				<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	
				Row: _____	<input type="radio"/> Unknown	<input checked="" type="radio"/> 4-point	
<input type="radio"/> Crew		<input checked="" type="radio"/> Passenger			<input type="radio"/> Unknown	<input type="radio"/> 5-point	
					<input type="radio"/> Unknown	<input type="radio"/> Unknown	
					Used		<input checked="" type="checkbox"/> Not Installed
					<input type="radio"/> None		<input type="checkbox"/> Installed
					<input type="radio"/> Lap Only		<input type="checkbox"/> Not Deployed
					<input type="radio"/> 3-point		<input type="checkbox"/> Deployed
					<input type="radio"/> 4-point		<input type="checkbox"/> Unknown
					<input type="radio"/> 5-point		
					<input type="radio"/> Unknown		
							<input type="checkbox"/> Under 5 years
							<i>If Under 5:</i>
							<input type="radio"/> Child Restraint
							<input type="radio"/> Lap-Held
							<input type="radio"/> Unknown
First Name: _____			City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	
Middle Initial: _____			State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	
Last Name: _____			Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	
				<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	
				Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	
<input type="radio"/> Crew			<input type="radio"/> Passenger		<input type="radio"/> Unknown	<input type="radio"/> 5-point	
					<input type="radio"/> Unknown	<input type="radio"/> Unknown	
					Used		<input type="checkbox"/> Not Installed
					<input type="radio"/> None		<input type="checkbox"/> Installed
					<input type="radio"/> Lap Only		<input type="checkbox"/> Not Deployed
					<input type="radio"/> 3-point		<input type="checkbox"/> Deployed
					<input type="radio"/> 4-point		<input type="checkbox"/> Unknown
					<input type="radio"/> 5-point		
					<input type="radio"/> Unknown		
							<input type="checkbox"/> Under 5 years
							<i>If Under 5:</i>
							<input type="radio"/> Child Restraint
							<input type="radio"/> Lap-Held
							<input type="radio"/> Unknown
First Name: _____			City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	
Middle Initial: _____			State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	
Last Name: _____			Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	
				<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	
				Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	
<input type="radio"/> Crew			<input type="radio"/> Passenger		<input type="radio"/> Unknown	<input type="radio"/> 5-point	
					<input type="radio"/> Unknown	<input type="radio"/> Unknown	
					Used		<input type="checkbox"/> Not Installed
					<input type="radio"/> None		<input type="checkbox"/> Installed
					<input type="radio"/> Lap Only		<input type="checkbox"/> Not Deployed
					<input type="radio"/> 3-point		<input type="checkbox"/> Deployed
					<input type="radio"/> 4-point		<input type="checkbox"/> Unknown
					<input type="radio"/> 5-point		
					<input type="radio"/> Unknown		
							<input type="checkbox"/> Under 5 years
							<i>If Under 5:</i>
							<input type="radio"/> Child Restraint
							<input type="radio"/> Lap-Held
							<input type="radio"/> Unknown
First Name: _____			City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	
Middle Initial: _____			State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	
Last Name: _____			Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	
				<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	
				Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	
<input type="radio"/> Crew			<input type="radio"/> Passenger		<input type="radio"/> Unknown	<input type="radio"/> 5-point	
					<input type="radio"/> Unknown	<input type="radio"/> Unknown	
					Used		<input type="checkbox"/> Not Installed
					<input type="radio"/> None		<input type="checkbox"/> Installed
					<input type="radio"/> Lap Only		<input type="checkbox"/> Not Deployed
					<input type="radio"/> 3-point		<input type="checkbox"/> Deployed
					<input type="radio"/> 4-point		<input type="checkbox"/> Unknown
					<input type="radio"/> 5-point		
					<input type="radio"/> Unknown		
							<input type="checkbox"/> Under 5 years
							<i>If Under 5:</i>
							<input type="radio"/> Child Restraint
							<input type="radio"/> Lap-Held
							<input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>PAB J</u> City: <u>Chugiak</u> State: <u>AK</u> Country: <u>USA</u>		Time of Departure Time: <u>0605</u> Time Zone: <u>AK</u>	
Destination Airport ID: <u>50 A</u> City: <u>Farewell Bend</u> State: <u>AK</u> Country: <u>USA</u>		Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> VFR IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input checked="" type="radio"/> VFR Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 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 <input type="checkbox"/> Altitude of In-Flight Occurrence: <u>N/A</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 checked="" 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"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV Radio <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: <u>Kendai - Nikolia</u> Observation Time: _____ Time Zone: _____ Distance from Accident Site: <u>38</u> nm Direction from Accident Site: _____ degrees true	
Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night	
Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input checked="" type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height <u>9000</u> ft agl		Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input checked="" type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height <u>9000</u> ft agl	
Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true		Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable Speed: <u>5-10</u> kts	
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown		Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	
Icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>NONE</u>			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

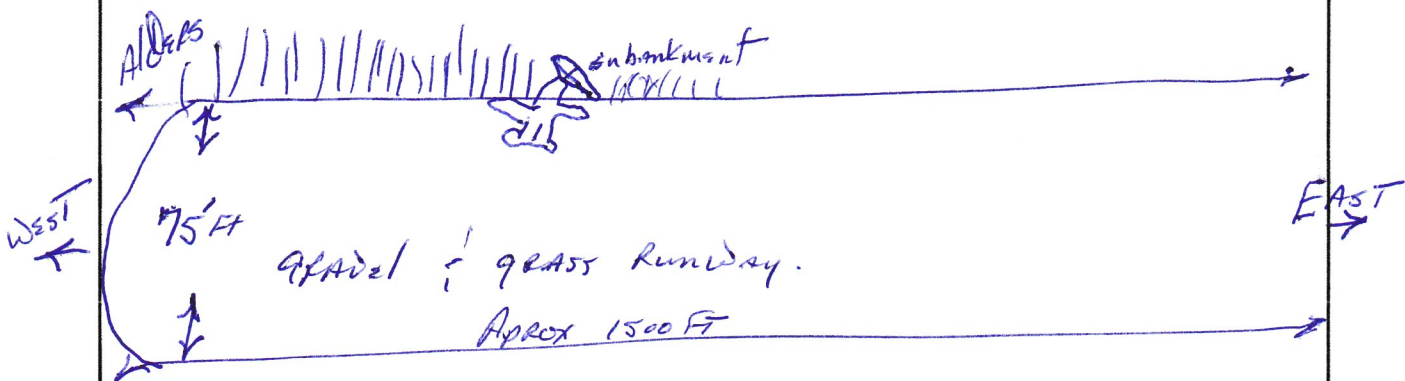
Aircraft Damage		Aircraft Fire		Aircraft Explosion	
<input type="radio"/> None	<input checked="" type="radio"/> Substantial	<input checked="" type="radio"/> None	<input type="radio"/> Both Ground and In-Flight	<input checked="" type="radio"/> None	<input type="radio"/> Both Ground and In-Flight
<input type="radio"/> Minor	<input type="radio"/> Destroyed	<input type="radio"/> In-Flight	<input type="radio"/> Fire at Unknown Time	<input type="radio"/> In-Flight	<input type="radio"/> Explosion at Unknown Time
	<input type="radio"/> Unknown	<input type="radio"/> On-Ground	<input type="radio"/> Unknown	<input type="radio"/> On-Ground	<input type="radio"/> Unknown

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

Both wings, Engine & prop. gear.

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 and location, services obtained, and intended destination. Provide as much detail as possible. on 5-16-2020, @ approximately 0940 hrs. I was beginning a take off roll at a private airstrip @ Fairwell AK, returning to Birchwood Airport. power was applied, the tail came up and the airplane began to lift off the runway. The aircraft caught a wind gust moving the plane to the left on the runway. the left wing came in contact with the Alder trees (bushes) causing the airplane to crash onto the ground. Striking a eight foot embankment (berm). where it came to rest.



NO SERVICES WERE REQUIRED
 I had flown over to the private strip @ 0600 Departure from Birchwood. Contacted Kenna. FSS, obtained a weather briefing, forecasted Brisk. & Filed a flight plan for both ways. WAS going to open the returned flight plane was Air borne.
 (Continued on page 11.)

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

Operator/Owner Safety Recommendation Unknown --

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.)

	Total Time/Cycles On Part
	_____ Hours
	_____ Cycles
	Time Since This Part Inspected/Overhauled
	_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (Convert from pounds, as necessary) _____ <u>30</u> Gallons	Fuel Type <input type="radio"/> 80/87 <input type="radio"/> 115 145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100 130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive
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Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit: Describe how the occupants exited and how many occupants evacuated each location
Exited out Aircraft Door:

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

Aircraft Registration Number <u>N/A</u>	Manufacturer: Model: <u>N/A</u>	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> 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.

*Cont: From page (A).
I noticed the EIT going off, shut the EIT off and
Contacted Kenai Flight Ops. ~~E~~*

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

Date of this Report
05/18/2020
mm/dd/yyyy

Name of Pilot/Operator: *Ledelle E. Arentson*

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.
ANC20CA047

Reviewed by NTSB Regional Office
Alaska

Name of Investigator
Banning

Date Report Received
6/9/2020