

**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**

<b>Accident/Incident Location</b>		<b>Accident/Incident Date/Time</b>	
Nearest City/Place: <u>LAKE HADSO SEAPLANE BASE</u> State: <u>AK</u>		Date: <u>06-08-2020</u> Local Time: <u>9:00-9:45</u>	
ZIP: _____ Country: _____		mm/dd/yyyy Time Zone: <u>AK ST</u>	
Latitude: _____ Longitude: _____		<b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	
<i>(Enter in decimal degrees or degrees:minutes:seconds)</i>			

**AIRCRAFT INFORMATION**

<b>Registration Number:</b> <u>N3182M</u>	<input type="checkbox"/> IFR-Equipped and Certified
<b>Manufacturer:</b> <u>Piper</u>	<input type="checkbox"/> Commercial Space Flight
<b>Model:</b> <u>P-12</u>	<input type="checkbox"/> Unmanned Aircraft
<b>Serial Number:</b> _____	<b>Maximum Gross Weight:</b> _____ lbs
<b>Year of Manufacture:</b> _____	<b>Weight at Time of Accident/Incident:</b> _____ lbs
<b>Amateur-Built:</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Number of Seats:</b> _____ Flight Crew Seats: _____
<i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design	Cabin Crew Seats: _____ Passenger Seats: _____
<b>Make:</b> _____	<b>Number of Engines:</b> _____

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

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b>	<b>Propeller 1</b>	<b>Propeller 2</b>
<input type="radio"/> 100-Hour <input type="radio"/> AAIP <input type="radio"/> Annual <input type="radio"/> Continuous Airworthiness <input type="radio"/> Conditional Inspection <input type="radio"/> Unknown	<input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable	<input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable
<b>Date Last Inspection:</b> _____ mm/dd/yyyy	Manufacturer: _____ Model: _____	Manufacturer: _____ Model: _____
<b>Airframe Total Time:</b> _____ hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	<b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If Yes:</i> <b>ELT Manufacturer:</b> _____ <b>Model or Part No.:</b> _____ <b>TSO No.:</b> <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz)	<input checked="" 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 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 <input type="checkbox"/> Other, Specify: _____
<b>Type of Maintenance Program</b> <i>(Select one)</i> <input type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	<b>Was ELT still mounted in aircraft?</b> <input type="radio"/> Yes <input type="radio"/> No <b>Was ELT still connected to antenna?</b> <input type="radio"/> Yes <input type="radio"/> No <b>Did ELT Activate?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If activated:</i> <b>Did ELT Aid in Locating Aircraft:</b> <input type="radio"/> Yes <input type="radio"/> No <i>If not activated:</i> <b>Indicate Reason:</b> <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	
<b>Description of Fire Extinguishing System</b> <input type="radio"/> None <input type="radio"/> Specify: _____		

<b>OWNER/OPERATOR INFORMATION</b>			
<b>Registered Aircraft Owner</b>		City: _____	
Name: <u>Jerome I BIRON</u>		State: _____ ZIP: _____	
Fractional Ownership Aircraft: <input type="radio"/> Yes <input type="radio"/> No		Country: _____	
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner		<input type="checkbox"/> Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
<b>Operating Certificates Held</b> <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	<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437  <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial  <input type="checkbox"/> Public Aircraft <i>(Select one)</i> <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i>  <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic <input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International  <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only	
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>LAKE HADCO SEAPLANE BASE</u>		Distance From Airport Center: <u>APPROX 8</u> sm	
Airport Identifier: <u>PAH</u>		Direction From Airport: <u>NORTH</u> degrees true	
Proximity to Airport: <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Airport Elevation: <u>100 APPROX</u> ft. msl	
<b>Runway Information</b>		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i>	
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		<input 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 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	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input checked="" type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown			
<b>Approach/Departure Segment</b> <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 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"/> Aborted Landing (after touchdown) <input checked="" type="radio"/> Crosswind <input type="radio"/> Unknown			
<b>IFR Approach</b> <i>(Check all that apply)</i>		<b>VFR Approach</b> <i>(Check all that apply)</i>	
<input 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"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown		<input 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	

<b>"FLIGHT CREWMEMBER 1" INFORMATION</b>													
<b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b> <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew													
<b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
<b>"Flight Crewmember 1" Identification</b> First Name: <u>DEAN STEWART POWLSON</u> City of Residence: <u>EAGLE RIVER</u> Middle Initial: <u>S</u> State: <u>AIC</u> ZIP: <u>99546 99577</u> Last Name: <u>POWLSON</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>54</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy Certificate Number: _____													
<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input checked="" type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown				
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" 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													
<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown			<b>Medical Certificate</b> <input type="radio"/> None <input checked="" 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			<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			<b>Date of Last Medical</b> <u>05/03/2019</u> mm/dd/yyyy				
<b>Medical Certificate Limitations</b> <u>MUST HAVE NEAR VISION LENSES AVAILABLE</u>													
<b>Medical Certificate Special Issuance</b>													
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>135 CHECK RIPE</u> <u>05/2019</u> mm/dd/yyyy			<b>Flight Review Aircraft</b> Make: <u>OH-2 BEAVER</u> <u>GA-8 AIRVAN</u> Model: _____										
<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<b>Other Aircraft Rating(s)</b> (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			<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider <input type="checkbox"/> Sport				
<b>Type Ratings</b>						<b>Student Endorsements</b> (Include dates)							
<b>Flight Time</b> (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	6000	APMA 300	6000	25	587.4	2.1	61.9						
Pilot in Command (PIC)													
Time as Instructor													
This Make/Model													
Last 90 Days	180	25											
Last 30 Days	100	25											
Last 24 Hours	5	2.5											

<b>ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)</b>						
<b>Crew Name and Address</b> <u>STUDENT SES</u>			<b>Seat Occupied</b>		<b>Injury</b>	
First Name: <u>JEANNE</u> City of Residence: <u>ANCHORAGE</u>			<input type="radio"/> Left <input checked="" type="radio"/> Front		<input checked="" type="radio"/> None	
Middle Initial: <u>I</u> State: <u>AK</u> ZIP: _____			<input type="radio"/> Center <input type="radio"/> Rear		<input type="radio"/> Minor	
Last Name: <u>BIRCH</u> Country: _____			<input type="radio"/> Right <input type="radio"/> Single		<input type="radio"/> Serious	
			<input type="radio"/> Unknown		<input type="radio"/> Fatal	
<b>Pilot Certificate(s) (Check all that apply)</b>			<b>Restraint Type:</b>		<b>Inflatable Restraints</b>	
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military			<b>Available</b> <input type="radio"/> None		<b>Used</b> <input type="radio"/> None	
<input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign			<input type="radio"/> Lap Only <input type="radio"/> Lap Only		<input checked="" type="checkbox"/> Not Installed	
<input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			<input checked="" type="radio"/> 3-point <input checked="" type="radio"/> 3-point		<input type="checkbox"/> Installed	
<input type="radio"/> 4-point <input type="radio"/> 4-point			<input type="radio"/> 5-point <input type="radio"/> 5-point		<input type="checkbox"/> Not Deployed	
<input type="radio"/> Unknown <input type="radio"/> Unknown			<input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="checkbox"/> Deployed	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Flight Time at the Time of this Accident/Incident:</b> <u>1500</u> hrs			
<b>Crew Name and Address</b>			<b>Seat Occupied</b>		<b>Injury</b>	
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	
<b>Pilot Certificate(s) (Check all that apply)</b>			<b>Restraint Type:</b>		<b>Inflatable Restraints</b>	
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military			<b>Available</b> <input type="radio"/> None		<b>Used</b> <input type="radio"/> None	
<input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign			<input type="radio"/> Lap Only <input type="radio"/> Lap Only		<input type="checkbox"/> Not Installed	
<input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			<input type="radio"/> 3-point <input type="radio"/> 3-point		<input type="checkbox"/> Installed	
<input type="radio"/> 4-point <input type="radio"/> 4-point			<input type="radio"/> 5-point <input type="radio"/> 5-point		<input type="checkbox"/> Not Deployed	
<input type="radio"/> Unknown <input type="radio"/> Unknown			<input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="checkbox"/> Deployed	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs			
<b>PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)</b>						
Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	<b>Available</b> <input type="radio"/> None	<b>Used</b> <input type="radio"/> None	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> Lap Only <input type="radio"/> Lap Only	<input type="radio"/> Lap Only <input type="radio"/> Lap Only	<input type="checkbox"/> Installed	
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> 3-point <input type="radio"/> 3-point	<input type="radio"/> 3-point <input type="radio"/> 3-point	<input type="checkbox"/> Not Deployed	<i>If Under 5,</i>
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 4-point <input type="radio"/> 4-point	<input type="radio"/> 4-point <input type="radio"/> 4-point	<input type="checkbox"/> Deployed	<input type="radio"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 5-point <input type="radio"/> 5-point	<input type="radio"/> 5-point <input type="radio"/> 5-point	<input type="checkbox"/> Unknown	<input type="radio"/> Lap-Held
			<input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="radio"/> Unknown
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	<b>Available</b> <input type="radio"/> None	<b>Used</b> <input type="radio"/> None	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> Lap Only <input type="radio"/> Lap Only	<input type="radio"/> Lap Only <input type="radio"/> Lap Only	<input type="checkbox"/> Installed	
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> 3-point <input type="radio"/> 3-point	<input type="radio"/> 3-point <input type="radio"/> 3-point	<input type="checkbox"/> Not Deployed	<i>If Under 5,</i>
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 4-point <input type="radio"/> 4-point	<input type="radio"/> 4-point <input type="radio"/> 4-point	<input type="checkbox"/> Deployed	<input type="radio"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 5-point <input type="radio"/> 5-point	<input type="radio"/> 5-point <input type="radio"/> 5-point	<input type="checkbox"/> Unknown	<input type="radio"/> Lap-Held
			<input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="radio"/> Unknown
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	<b>Available</b> <input type="radio"/> None	<b>Used</b> <input type="radio"/> None	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> Lap Only <input type="radio"/> Lap Only	<input type="radio"/> Lap Only <input type="radio"/> Lap Only	<input type="checkbox"/> Installed	
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> 3-point <input type="radio"/> 3-point	<input type="radio"/> 3-point <input type="radio"/> 3-point	<input type="checkbox"/> Not Deployed	<i>If Under 5,</i>
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 4-point <input type="radio"/> 4-point	<input type="radio"/> 4-point <input type="radio"/> 4-point	<input type="checkbox"/> Deployed	<input type="radio"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 5-point <input type="radio"/> 5-point	<input type="radio"/> 5-point <input type="radio"/> 5-point	<input type="checkbox"/> Unknown	<input type="radio"/> Lap-Held
			<input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="radio"/> Unknown
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	<b>Available</b> <input type="radio"/> None	<b>Used</b> <input type="radio"/> None	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> Lap Only <input type="radio"/> Lap Only	<input type="radio"/> Lap Only <input type="radio"/> Lap Only	<input type="checkbox"/> Installed	
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> 3-point <input type="radio"/> 3-point	<input type="radio"/> 3-point <input type="radio"/> 3-point	<input type="checkbox"/> Not Deployed	<i>If Under 5,</i>
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 4-point <input type="radio"/> 4-point	<input type="radio"/> 4-point <input type="radio"/> 4-point	<input type="checkbox"/> Deployed	<input type="radio"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 5-point <input type="radio"/> 5-point	<input type="radio"/> 5-point <input type="radio"/> 5-point	<input type="checkbox"/> Unknown	<input type="radio"/> Lap-Held
			<input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="radio"/> Unknown <input type="radio"/> Unknown		<input type="radio"/> Unknown



FLIGHT ITINERARY INFORMATION			
<b>Last Departure Point</b> Airport ID: <u>POLH</u> City: <u>ANNORAGE</u> State: <u>RIC</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>9-9:45</u> Time Zone: <u>AK ST</u>	
<b>Destination</b> Airport ID: <u>RETURN</u> City: _____ State: _____ Country: _____		<b>Type Flight Plan Filed</b> <input checked="" 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 type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Type of ATC Clearance/Service (Check all that apply)</b> <input 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			
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <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			
<b>Altitude of In-Flight Occurrence:</b> <u>500</u> ft msl			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
<b>Source of Pilot Weather Information (Check all that apply)</b> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" 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		<b>Weather Observation Facility</b> Facility ID: <u>POLH ATIS</u> Observation Time: <u>9:00 9:45</u> Time Zone: <u>AK ST</u> Distance from Accident Site: <u>ANC IFL</u> nm Direction from Accident Site: _____ degrees true	
<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		<b>Light Condition</b> <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	
<b>Sky/Lowest Cloud Condition</b> <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> <u>Approx 3-4'</u> ft agl		<b>Ceiling</b> <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 <b>Ceiling Height</b> <u>3-4K'</u> ft agl	
<b>Wind Direction</b> <input type="checkbox"/> Variable <u>CALM</u> Direction: _____ degrees true		<b>Wind Speed</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable Speed: _____ kts	
<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting Speed: _____ kts		<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft	
<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown		<b>Type of Precipitation (Check all that apply)</b> <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	
<b>Restriction to Visibility (Check all that apply)</b> <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			
<b>Icing Forecast</b> <b>Amount</b> <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 <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		<b>Icing Actual</b> <b>Amount</b> <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 <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	
<b>Turbulence</b> <b>Type (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence <b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme			
<b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b> <p style="text-align: center;">NONE</p>			

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<b>Aircraft Damage</b> <input type="radio"/> None <input type="radio"/> Minor <input checked="" type="radio"/> Substantial <input type="radio"/> Destroyed <input type="radio"/> Unknown	<b>Aircraft Fire</b> <input checked="" type="radio"/> None <input type="radio"/> In-Flight <input type="radio"/> On-Ground <input type="radio"/> Both Ground and In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> Unknown	<b>Aircraft Explosion</b> <input checked="" type="radio"/> None <input type="radio"/> In-Flight <input type="radio"/> On-Ground <input type="radio"/> Both Ground and In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> Unknown
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**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

RUDDER ASSEMBLY BROKE ABOVE TO HINGE ATTACHMENT AND FOLDED OVER TO PORT SIDE

**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 CONDUCTING A TRAINING FLIGHT IN N3188M A PIPER PA-12 ON EDO 2000 FLOATS WITH THE OWNER MR JEROME I BIRCH. AFTER A GROUND LESSON ON SEAPLANE CHARACTERISTICS, OPERATIONS AND LAKE HOOD SEAPLANE PROCEDURES, WE DEPARTED LAKE HOOD ON THE NORTH WATERWAY ON A WEST ROUTE PROCEDURE. THE APPROXIMATE TIME OF TAKEOFF WAS 9:20 TO 9:45 AM. CONDITIONS WERE HIGH OVERCAST STABLE ATMOSPHERE WITH CALM WINDS, GLOSSY WATER AND NO TURBULENCE. WE PROCEEDED TO TWIN ISLAND LAKE, MADE ONE LANDING AND TOOK OFF. WE CLIMBED TO APPROXIMATELY 500' AND TURNED A LEFT CROSSWIND. BEFORE TURNING DOWNWIND FOR ANOTHER LANDING THE AIRCRAFT YAWED TO THE RIGHT UNEXPECTEDLY. THE STUDENTS SAID SOMETHING FELT STRANGE IN THE CONTROLS, I TOOK OVER THE AIRCRAFT AND RETURNED TO LAKE HOOD AND LANDED ON A SOUTHEAST WATERWAY. WE IMMEDIATELY CALLED NTSB AND REPORTED IT. DEAN PAULSON [REDACTED]

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

Operator/Owner Safety Recommendation

THIS ACCIDENT WAS UNINSPECTABLE AND UNPREVENTABLE ACCORDING TO THE FAA SAFETY INSPECTORS WHO JERRY AND I SPOKE WITH THEY INSPECTED THE PART AND FOUND IT TO BE DEFECTIVE BECAUSE OF METALURGICAL DEFECTS THAT PROBABLY OCCURRED AT MANUFACTURE. FAST TEAM INSPECTORS WERE ON SITE AND THE OWNER LET THEM TAKE THE ENTIRE RUDDER. THEY ALSO APPRECIATED US REPORTING IT. THEY CLAIMED THERE HAVE BEEN UNREPORTED INCIDENCES OF THE SAME FAILURE. DP

**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.)

RUDDER ASSEMBLY, INSPECTORS SUSPECTED IT TO BE A UNIVAIR PART.

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)

Approx 15 \_\_\_\_\_ Gallons

Fuel Type

 80/87 115/145 Jet B Other, specify \_\_\_\_\_ 100 Low Lead Jet A JP8 100/130 Jet A-1 Automotive

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

**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

Pilot of Other Aircraft

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

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

06-16-2020  
mm/dd/yyyy

Name of Pilot/Operator:

DEAN S PAULSON

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.  
ANC20LA059Reviewed by NTSB Regional Office  
AlaskaName of Investigator  
BanningDate Report Received  
7/7/2020