

**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: Port of Abworth State: AK
 ZIP: 99655 Country: USA
 Latitude: N 60° 11.91 Longitude: W 154° 19.39
(Enter in decimal degrees or degrees/minutes/seconds)

Accident/Incident Date/Time
 Date: 12-9-2021 Local Time: 6:25 PM
mm/dd/yyyy Time Zone: Alaska
 Collision with Other Aircraft: Midair On-ground

AIRCRAFT INFORMATION

Registration Number: N9602F
 Manufacturer: Cessna
 Model: C-208
 Serial Number: C20800103
 Year of Manufacture: 1982
 Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 Original Design

IFR Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
 Maximum Gross Weight: 8000 lbs
 Weight at Time of Accident/Incident: 6000 lbs
 Number of Seats: 2 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: 6
 Number of Engines: 1

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**
 Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 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. <small>mm/dd/yyyy</small>	Rated Power Horsepower or lbs of Thrust	Total Time <small>(hours)</small>	Time Since: Inspection <small>(hours)</small>	Overhaul <small>(hours)</small>
Eng 1	<u>PGH & Whitney</u>	<u>PT6A-114</u>			<u>675</u>	<u>69150</u>	<u>23</u>	<u>681</u>
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type: Cessna Phase C Inspection
 100-Hour Continuous Airworthiness
 A.A.P. Conditional Inspection
 Annual Unknown
 Date Last Inspection: _____
mm/dd/yyyy
 Airframe Total Time: 25724 hrs
hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch
 Controllable Pitch
 Grouped Adjustable
 Manufacturer: Warzell
 Model: B3TW-3AF

Propeller 2 Fixed Pitch
 Controllable Pitch
 Grouped Adjustable
 Manufacturer: _____
 Model: _____

ELT Installed: Yes No
 If Yes: ELT Manufacturer: Vanner
 Model or Part No.: Integra ER
 TSO No.: C91 (121.5 MHz) C126 (405 MHz) C91a (121.5 MHz)

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

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: found it visually
 Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Type of Maintenance Program *(Select one)*
 Annual
 Conditional *(Amateur-built only)*
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAP)
 Continuous Airworthiness
 Other, specify: _____
 Description of Fire Extinguishing System
 Name: _____
 Specify: hand held extinguisher in pilot door

OWNER/OPERATOR INFORMATION
Registered Aircraft Owner

 Name: Ahuva LLC
 Fractional Ownership Aircraft: Yes No

 City: Port Alsworth
 State: AK ZIP: 99653
 Country: 99653
Operator of Aircraft
Same As Registered Owner

 Name: Lake and Peninsula Airlines
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): GPOA
Same Address as Registered Owner

 City: Port Alsworth
 State: _____ ZIP: _____
 Country: _____

Operating Certificates Held
(Check all that apply)

 None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Rotorcraft External Load (FAR 133)
 Commuter Air Carrier (FAR 135)
 ~~Domestic~~ Air Taxi (FAR 135)
 Commercial Air Tour (FAR 136)
 Agricultural Aircraft (FAR 137)
 Pilot School (FAR 141)
 Certificate of Authorization or Waiver (COA)
 Commercial Space Transportation
 Experimental Permit
 Commercial Space Transportation License
 Other Operator of Large Aircraft

Regulation Flight Conducted Under

FAR 91	FAR 129	FAR 415
FAR 103	FAR 132	FAR 431
FAR 121	<u>FAR 135</u>	FAR 435
FAR 125	FAR 137	FAR 437

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

 Public Aircraft (Select one)
 Armed Forces
 Federal
 State
 Local
 Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)

<input checked="" type="checkbox"/> Scheduled or Commuter	Domestic
<input checked="" type="checkbox"/> Non-Scheduled or Air Taxi	International

 Passenger
 Cargo
 Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137
(Select one)

Aerial Application	Firefighting	Unknown
Aerial Observation	Flight Test	
Air Drop	Glider Tow	
Air Race/Show	Instructional	
Banner Tow	Other Work Use	
Business	Personal	
Executive/Corporate	Positioning	
External Load	Skydiving	
Ferry		

Revenue Sightseeing Flight

 Yes No
Air Medical Flight

 Yes No
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

 Airport Name: Port Alsworth
 Airport Identifier: PAWX
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

 Distance From Airport Center: 1 mi
 Direction From Airport: 240 degrees true
 Airport Elevation: 288 ft. msl

Runway Information

 Runway ID: 6R (L/R/C) Length: 3849 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

Asphalt	Grass/Turf	Macadam	Water
Concrete	<u>Gravel</u>	Metal/Wood	
Dirt	Ice	Snow	Unknown

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

Dry	Snow-Compacted	Water-Calm
Wet	Snow-Crusted	Water-Choppy
Ice Covered	<u>Snow-Dr</u>	Water-Glassy
Rough	Snow-Wet	Wet
Rubber Deposits	Soft	
Shrub-Covered	<u>40% gravel</u>	Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

None	
<u>Traffic Pattern</u>	Stop and Go
Straight-In	Touch and Go
Valley/Terrain Following	Simulated Forced Landing
Go Around	Forced Landing
Full Stop	Precautionary Landing
	Unknown

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

FLIGHT ITINERARY INFORMATION			
East Departure Point Report ID: <u>PAAD</u> City: <u>Alaska</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>18:10</u> Time Zone: <u>Alaska</u>	Destination Report ID: <u>PAKX</u> City: <u>Port Alsworth</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed Type: <u>121.219</u> Category: <u>121</u> Subcategory: <u>121A</u> Authority: <input checked="" type="checkbox"/> No Objections
Type of AIC Clearance/Service (Check all that apply) <input checked="" type="checkbox"/> Visual <input type="checkbox"/> Special VFR <input type="checkbox"/> Special VFR 175 On Top <input type="checkbox"/> 175 Flight Following Traffic Advisory <input type="checkbox"/> Other: <u>None</u>			
Altitudes where the accident/incident occurred (Check all that apply) Class A: <input checked="" type="checkbox"/> <u>None</u> Military Operations Area (MOA): <input type="checkbox"/> Class B: <input type="checkbox"/> <u>None</u> Airport Advisory Area: <input type="checkbox"/> Class C: <input type="checkbox"/> Warning Area <input type="checkbox"/> 3rd Training Area <input type="checkbox"/> Class D: <input type="checkbox"/> Published Area <input type="checkbox"/> 175A <input type="checkbox"/> Class E: <input type="checkbox"/> Unpublished Area <input type="checkbox"/> 175.25 <input type="checkbox"/>			Altitude of In-Flight Descent _____ Feet
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> General Weather Service <input type="checkbox"/> <u>None</u> <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> <u>None</u> <input type="checkbox"/> T-Web <input type="checkbox"/> <u>None</u> <input type="checkbox"/> <u>None</u> <input type="checkbox"/> <u>None</u> <input type="checkbox"/> <u>None</u>		Weather Observation Facility Facility ID: <u>PAKX</u> Observation Time: <u>18:20</u> Time Zone: <u>Alaska</u> Distance from Accident Site: <u>1</u> mi Direction from Accident Site: <u>060</u> degrees true	
Basic Conditions <input checked="" type="checkbox"/> <u>None</u> Conditions: _____	Light Conditions Day: <input checked="" type="checkbox"/> <u>None</u> <input type="checkbox"/> Day Night <input type="checkbox"/> Night Night <input type="checkbox"/> <u>None</u>		
Sky-Lowest Cloud Condition Clear: <input type="checkbox"/> Few: <input type="checkbox"/> Scattered: <input type="checkbox"/> Broken: <input type="checkbox"/> <input checked="" type="checkbox"/> <u>None</u>	Ceiling None (Clear): <input type="checkbox"/> <input checked="" type="checkbox"/> <u>None</u>	Observed Subscale: _____ Conditions: _____	Temperature: <u>5</u> °C = _____ °F Dew Point: <u>0</u> °C = _____ °F Altimeter Setting: <u>29.69</u> in Hg = _____ mm
Lowest Cloud Condition Height <u>6000</u> Feet	Ceiling Height <u>6000</u> Feet		
Wind Direction Variable: _____ Direction: <u>070</u> degrees true	Wind Speed Calm: _____ Light and Variable: _____ Speed: <u>6</u> kts	Wind Gales <input checked="" type="checkbox"/> <u>None</u> Speed: _____ kts	Visibility <u>6.10</u> miles RVR: _____ feet RVR: _____ miles Density Altitude : _____
Intensity of Precipitation Light: _____ Moderate: _____ Heavy: _____ N/A: _____ Conditions: _____	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"/> Sleet <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Shower <input type="checkbox"/> Ice Crystals <input type="checkbox"/> _____	Restrictions to Visibility (Check all that apply) <input checked="" type="checkbox"/> Mist/Fog <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Obscured Fog <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Snow <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Freezing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> <u>None</u>	
icing Potential Amount: _____ Type: _____ <input checked="" type="checkbox"/> <u>None</u> <input type="checkbox"/> N/A Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate Light <input type="checkbox"/> Heavy <input type="checkbox"/> <u>None</u> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> <u>None</u> Severe <input type="checkbox"/> <u>None</u>	icing Actual Amount: _____ Type: _____ <input checked="" type="checkbox"/> <u>None</u> <input type="checkbox"/> N/A Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate Light <input type="checkbox"/> Heavy <input type="checkbox"/> <u>None</u> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> <u>None</u> Severe <input type="checkbox"/> <u>None</u>	Turbulence Type (Check all that apply): _____ Severity: _____ <input checked="" type="checkbox"/> <u>None</u> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> <u>None</u>	
NOTAMS (D and FDC, AIRMETS, SIGMETS, PIREPs) in effect at the time of the accident/incident:			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor Substantial
Destroyed
Unknown

Aircraft Fire

In-Flight
 On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

In-Flight
 On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

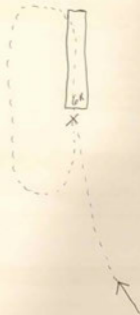
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Aircraft decended into trees 1" to 6" diameter. front of wings sustained substantial damage, wing tips were pulled out 4' from the end. Wings were pushed back 20" on both sides deforming fuselage. Nose gear collapsed & prop struck the ground bending all 3 blades back. Engine pushed up about 5° & belly pod was crushed & nose wheel penetrated the front. Empenage sustained some damage, tips of horizontal stabilizer broken and top of vertical has some damage. Main gear legs bent back about 10°

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.

See attached statement



DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

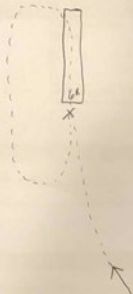
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NARRATIVE HISTORY OF FLIGHT *(Please type or print in ink)*

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.

see attached statement



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

Operator/Owner Safety Recommendation

A glide slope indicator on the field would be a very helpful tool.

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)

130

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145


 Jet A-1

Jet B

JP8

Automotive

Other, specify _____

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 rear right of aircraft through airstair door.

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft


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

None

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space for additional space in accident/fatality narratives

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

Date of this Report <u>12-4-21</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator: <u>Lyle Wilder</u> Signature: 
- or - Check here to electronically sign this document	

If a Person Other than Pilot/Operator is Filing Report

Name: <u>Lyle Wilder</u>	Title: <u>Chief Pilot</u>
Signature: 	
- or - Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No. <u>ANC21LA009</u>	Reviewed by NTSB Regional Office <u>Anchorage, AK</u>	Name of Investigator <u>Bryce Banning</u>	Date Report Received <u>12/05/2021</u>
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Lake and Peninsula Airlines
December 1st 2021
Accident statement – N9602F

Weather was checked for the route PAMR-PAEN-PAIL-PANO-PAKX by the PIC Dave Wilder and determined conditions to be or forecast to be VFR for the route of flight. The flight departed Anchorage at 15:54, Kenai at 16:34, Iliamna at 17:41, and Nondalton at 18:10. Conditions continued to be VFR and the weather reporting from Port Alsworth reported ceilings 4000' and visibility of 10 miles. After dropping the rest of the passengers in Nondalton the plane returned to home base in Port Alsworth and arrived approximately 18:25. The runway lights were placed out on the runway and Dave made a normal approach to land on 6R and close in on final decided to go around as it didn't feel comfortable and climbed out and made left traffic for 6R. On the second approach Dave fell below glide path and landed short of the runway and came to a stop upright in the trees. The wings and collapsed nose gear took a majority of the impact slowing the plane. With the potential for fire Dave exited the plane and returned to our office with minor scrapes.

Dave Wilder