

**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 Name: <u>City Place Glenilton</u> <u>AK</u> ZIP: <u>99588</u> Country: <u>USA</u> Latitude: <u>62° 11' 24" N</u> Longitude: <u>144° 52' 35" W</u> (Enter in decimal degrees or degrees, minutes, seconds)		Accident/Incident Date/Time Day: <u>5/23/2020</u> Local Time: <u>7pm</u> Time Zone: _____ Collision with Other Aircraft: <input type="radio"/> Mid-air <input type="radio"/> On-ground <input checked="" type="radio"/> None	
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AIRCRAFT INFORMATION

Registration Number: <u>72536</u> Manufacturer: <u>Cessna</u> Model: <u>120</u> Serial Number: <u>9706</u> Year of Manufacture: <u>1946</u> Amateur-Built: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Kit/Plan <input type="radio"/> Mold <input type="radio"/> Original Design		<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>1450</u> lbs Weight at Time of Accident/Incident: <u>1,100</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>	
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Category of Aircraft: <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Glider/Dragline <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	Type of Airworthiness Certificate (Check all that apply) Standard: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility Special: <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"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Landing Gear (Check all that apply) <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibious <input type="checkbox"/> High Skid <input type="checkbox"/> Skid <input type="checkbox"/> Ski <input type="checkbox"/> Wheel <input type="checkbox"/> Tail <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Liquid Rocket <input type="checkbox"/> Turbo Shalt <input type="checkbox"/> Solid Rocket <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Turbo Jet <input type="checkbox"/> None <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Unknown <input type="checkbox"/> Electric Fuel System Type (Reciprocating) <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injection
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Engine	Engine Manufacturer	Engine Model/Type	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power <input checked="" type="radio"/> Horsepower <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since Last Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Cessna</u>	<u>C-85-12F</u>	<u>22589-6-18</u>		<u>35</u>	<u>443</u>		
Eng. 2								
Eng. 3								

Last Inspection Type <input type="radio"/> O-100 Form <input type="radio"/> Commercial Airworthiness <input type="radio"/> AAMP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>05/18/2020</u> Aircraft Total Time: <u>5963.70</u> hrs (hours, minutes, seconds) (Select one) <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	Propeller 1 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Constant Speed <input type="radio"/> Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>76AK-2-44</u> Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Constant Speed <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAMP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input checked="" type="radio"/> C120 (400 MHz) <input type="radio"/> C125 (400 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Had ELT activate? <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input checked="" type="radio"/> No If Not Applicable Inhibit Reason: <input checked="" type="checkbox"/> Exposed Damage <input type="checkbox"/> Fuel Damage <input type="checkbox"/> Heavy Exposed/Destroyed <input type="checkbox"/> Unknown
Description of Fire Extinguishing System <input type="radio"/> None <input checked="" type="radio"/> Specify: <u>Halon</u>	Additional Equipment (If not all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Antistatic <input type="checkbox"/> Data Recorder <input type="checkbox"/> Deceleration Flight Bag or Handhold Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Head-Up Display <input type="checkbox"/> Heated Windows <input type="checkbox"/> Inertial Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

 Name: Anthony J. Slanko

 City: Fairbanks

 State: AK ZIP: 99713

 Fractional Ownership Aircraft: Yes No

 Country: USA

 Operator of Aircraft Same As Registered Owner

 Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

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

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 415
 FAR 103 FAR 133 FAR 431
 FAR 121 FAR 135 FAR 433
 FAR 125 FAR 137 FAR 437
 FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial

Public Aircraft (Select one)

- Armed Forces
 Federal
 State
 Local
 Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- Scheduled or Commuter Domestic
 Non-Scheduled or Air Taxi International
 Passenger
 Cargo
 Mail Contract Only

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

(Select one)

- Aerial Application Flight Training Unknown
 Aerial Observation Flight Test
 Air Drop Glider Towing
 Air Race/Show Instructional
 Banner Towing Other Work Load
 Stuntwork Personal
 Executive/Corporate Powerseeing
 External Load Sky Diving
 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 1 mile of an airport)

 Airport Name: Croft Lake Airstrip

 Distance From Airport Center: NA mi

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. and _____ ft. and

Runway Information

 Runway ID: NA (L/R/C) Length: 800 ft Width: 80 ft

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

Runway/Landing Surface (Check all that apply)

- Asphalt Grass/Turf Mosaic Water
 Concrete Gravel Metal/Wood Wet
 Dirt Ice Stone Unknown

- Dry Snow-Covered Water-Calm
 Flock Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glasy
 Rough Snow-Wet Wet
 Rubber Deposits Silt
 Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

- Taxi VFR Departure No Instrument Approach Downwind Low Approach
 Takeoff IFR Departure/Procedure/Change Landing Other Go Around
 Final Climb Circuit Flare Abnormal Landing (after takeoff) Unknown

IFR Approach (Check all that apply)

- None
 ALP/IRRP PAB ILS Precision
 Star Instrument LSA RNAV
 VOR/VOR R.S. ASR RNP
 VOR/DME Localizer Only Visual
 FACAS LOC with reverse Contact
 RNAV Terminal Unknown

VFR Approach (Check all that apply)

- None
 Traffic Pattern Touch and Go
 Straight In Touch and Go
 Visual/Instrument Following Arrived Forward Landing
 Go Around Fixed Landing
 Full Stop Procedural Landing
 Unknown

***FLIGHT CREWMEMBER 1* INFORMATION**

Flight Crewmember 1 Responsibilities at the Time of Accident/Incident

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

Flight Crewmember 1 was pilot flying Yes No

Flight Crewmember 1 Identification

First Name: Anthony T Simko City of Residence: Fairbanks

Middle Initial: J State: Alaska ZIP: 99712

Last Name: Simko [REDACTED] AS

Age at time of Accident/Incident: 41 Date of Birth: mm/dd/yyyy

Certificate Number: [REDACTED]

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 checked="" 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 checked="" 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 checked="" 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
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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 <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	Medical Certificate Validity <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	Date of Last Medical <u>2/25/2020</u> mm/dd/yyyy
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Medical Certificate Limitations

Wearing corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/19/19</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Cessna</u> Model: <u>170</u>
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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 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
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Type Ratings	Student Endorsements (include date)
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Flight Time (Enter appropriate number of hours to each Axis)	TD Aircraft	This Make & Model	Airplane - Single-Engine	Airplane - Multiengine	Rotorcraft	Instrument		Balloon	Glider	Lighter-Than-Air
						Actual	Simulated			
Total Time	198.7	178.7								
Pilot in Command (PIC)										
Time as Instructor										
This Month/Year										
Last 90 Days	16.7									
Last 30 Days	6.5									
Last 24 Hours	3.5									

"FLIGHT CREWMEMBER 2" INFORMATION

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

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

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

Degree of Injury <input type="radio"/> None <input type="radio"/> Face <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 <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<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
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> 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 <input type="checkbox"/> Flight Engineer																	
Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 1 <input type="radio"/> Class 2 <input type="radio"/> Class 3 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/overrides <input type="radio"/> Unknown <input type="radio"/> With limitations/overrides <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical _____ mm/dd/yyyy														

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
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Type Ratings

Student Endorsements (Include dates)

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

ADDITIONAL FLIGHT CREWMEMBERS (Duplicate of each 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 type="radio"/> Center <input type="radio"/> Row <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> Non- <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 <input type="checkbox"/> Flight Engineer		Restraint Type: Available Used <input type="checkbox"/> None <input type="radio"/> None <input type="checkbox"/> Lap Only <input type="radio"/> Lap Only <input type="checkbox"/> 2-point <input type="radio"/> 3-point <input type="checkbox"/> 4-point <input type="radio"/> 4-point <input type="checkbox"/> 5-point <input type="radio"/> 5-point <input type="checkbox"/> Unknown <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
Type Rating/Endorsement for Accident/Incident Aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include each crew member on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> None <input type="radio"/> Center <input type="radio"/> Minor <input type="radio"/> Right <input type="radio"/> Serious <input type="radio"/> Unknown <input type="radio"/> Fatal <input type="radio"/> Unknown <input type="radio"/> Unknown		Available Used <input type="checkbox"/> None <input type="radio"/> None <input type="checkbox"/> Lap Only <input type="radio"/> Lap Only <input type="checkbox"/> 2-point <input type="radio"/> 3-point <input type="checkbox"/> 4-point <input type="radio"/> 4-point <input type="checkbox"/> 5-point <input type="radio"/> 5-point <input type="checkbox"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <input type="checkbox"/> Under 5 <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Belt <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> None <input type="radio"/> Center <input type="radio"/> Minor <input type="radio"/> Right <input type="radio"/> Serious <input type="radio"/> Unknown <input type="radio"/> Fatal <input type="radio"/> Unknown <input type="radio"/> Unknown		Available Used <input type="checkbox"/> None <input type="radio"/> None <input type="checkbox"/> Lap Only <input type="radio"/> Lap Only <input type="checkbox"/> 2-point <input type="radio"/> 3-point <input type="checkbox"/> 4-point <input type="radio"/> 4-point <input type="checkbox"/> 5-point <input type="radio"/> 5-point <input type="checkbox"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <input type="checkbox"/> Under 5 <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Belt <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> None <input type="radio"/> Center <input type="radio"/> Minor <input type="radio"/> Right <input type="radio"/> Serious <input type="radio"/> Unknown <input type="radio"/> Fatal <input type="radio"/> Unknown <input type="radio"/> Unknown		Available Used <input type="checkbox"/> None <input type="radio"/> None <input type="checkbox"/> Lap Only <input type="radio"/> Lap Only <input type="checkbox"/> 2-point <input type="radio"/> 3-point <input type="checkbox"/> 4-point <input type="radio"/> 4-point <input type="checkbox"/> 5-point <input type="radio"/> 5-point <input type="checkbox"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <input type="checkbox"/> Under 5 <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Belt <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> None <input type="radio"/> Center <input type="radio"/> Minor <input type="radio"/> Right <input type="radio"/> Serious <input type="radio"/> Unknown <input type="radio"/> Fatal <input type="radio"/> Unknown <input type="radio"/> Unknown		Available Used <input type="checkbox"/> None <input type="radio"/> None <input type="checkbox"/> Lap Only <input type="radio"/> Lap Only <input type="checkbox"/> 2-point <input type="radio"/> 3-point <input type="checkbox"/> 4-point <input type="radio"/> 4-point <input type="checkbox"/> 5-point <input type="radio"/> 5-point <input type="checkbox"/> Unknown <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <input type="checkbox"/> Under 5 <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Belt <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PTFA</u> City: <u>Fairbanks</u> State: <u>Alaska</u> Country: <u>USA</u>	Time of Departure Time: <u>5:00pm</u> Time Zone: <u>Alaska</u>	Destination Airport ID: _____ City: _____ State: _____ Country: _____	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 type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<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

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

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUAIS) <input type="checkbox"/> On-Board Weather	<input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Unknown <input type="checkbox"/> None	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ miles Direction from Accident Site: _____ degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Bright Night
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thick Broken <input type="radio"/> Thick Overcast <input type="radio"/> Unknown	Criling <input type="radio"/> None (Clear) <input type="radio"/> Broken <input checked="" type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Temperature: _____ (C) or <u>55</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>29.5</u> in Hg or _____ mmHg
Lowest Cloud Condition Height _____ ft agl	Criling Height _____ ft agl	

Wind Direction <input checked="" type="checkbox"/> Variable Direction: <u>N</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable Speed: <u>4</u> kts	Wind Gusts <input type="checkbox"/> N/A Gusting Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>3500</u> ft
---	---	---	--

Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> S/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals	<input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Showers <input type="checkbox"/> Ice Pellets Showers <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Obscured Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
--	---	--	---

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"/> Tailwind	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:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None
 Substantial
 Minor
 Destroyed
 Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Right wing, left gear, right elevator ~~was~~ damaged.

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

Describe what occurred in chronological order, including circumstances leading to last cause 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.

Not realizing at the time that the grade was slightly more when the light and variable winds switched to a tailwind on this end approach (North direction), I decided to go around. I was carrying too much speed and with rough terrain I was concerned of losing control and hitting my buddies plane that was tied down near the end on left.

I applied full power, pulled carb heat in and slow began to build speed. I prematurely became airborne due to a large bump, I held it in ground effect to build airspeed. I knew it would be close, I pulled back slightly to get the extra height I needed when I felt my left tire hit a small group of trees. At the same time I hit the small group of trees I lost ground effect as it was at the end of strip just over the edge of a bluff.

The aircraft and I came to rest amongst the willow I was wearing a helmet but did not use it. The impact was very mild and did not set off the ELT. I was not injured and was easily able to exit after ensuring fuel and power was off.

I was slightly fatigued from a long weekend with the family prior to departure. After a good flight over the Alaskan Range I had also had to fly. The plane was running great after a recent arrival and it was getting late. I was scheduled for cataract eye surgery the following Tuesday and did not realize how much my depth perception was off despite wearing a contact.

All of these factors added to my accident.

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

Operator/Owner Safety Recommendation

Be most aware of my own limitations as well as my aircraft's limitations.

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

6.5 Hours

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

8 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

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

Shut down, unbuckled and got out.

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

Aircraft Registration Number

N28566

Manufacturer:

N/A

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: _____

Price Noreen

From: Tony Simko
Sent: Thursday, June 11, 2020 7:08 AM
To: Price Noreen
Subject: [REDACTED]

[CAUTION] This email originated from outside of the organization. Do not click any links or open attachments unless you recognize the sender and know the content is safe.

Noreen, please see attached form and photos let me know if you have any questions. Thank you

**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: Glendale AK State
 Date: 5/25/2020 Local Time: 7pm
 ZIP: 99589 Country: USA
 Latitude: 62° 11' 24" N Longitude: 144° 52' 33" W
(Enter in decimal degrees or degrees/minutes/seconds)

Collision with Other Aircraft: Mid-air On-ground Other

AIRCRAFT INFORMATION

Registration Number: 72536
 Manufacturer: Cessna
 Model: 120
 Serial Number: 9706
 Year of Manufacture: 1946

Amateur-Built: Yes No Kit/Plan Make Original Design

DR-Equipped and Certified
 Commercial Spare Flight
 Disassembled Aircraft

Maximum Gross Weight: 1450 lbs
 Weight at Time of Accident/Incident: 1,100 lbs
 Number of Seats: 2 Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
 Number of Engines: 1

Category of Aircraft (Check all that apply)
 Airplane
 Helicopter
 Rotary/Wingless
 Glider
 Gyroplane
 Blimp/Cypher
 Powered Balloon
 Rocket
 Unpowered
 Unknown

Type of Airworthiness Certificate (Check all that apply)
 Standard: Normal Limited Provisional
 Airframe Experimental
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport Experimental Light-Sport
 Certificate of Authorization or Waiver (C/AWA)
 None Unknown

Landing Gear (Check all that apply)
 Fixed
 Retractable
 Tricycle
 Amphibian
 High-wing
 Low-wing
 Tail
 Tail Wheel
 Other Landing/Wingless System
 None Unknown

Engine Type (Check one)
 Reciprocating Liquid Rocket
 Turbo-Prop Hybrid Rocket
 Turbo-Jet Other
 Turbo-Fan Unknown
 Electric

Fuel System Type (Check one)
 Conventional Fuel Injection

Engine	Engine Manufacturer	Engine Model/Type	Manufacturer's Serial Number	Date of Mfg. Modification	Rated Power <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (Hours)	Time Since Inspection (Hours)	Time Since Overhaul (Hours)
Eng. 1	<u>Cont</u>	<u>C85 12F</u>	<u>205296-18</u>		<u>75</u>	<u>497</u>		
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 105-Hour Commercial Airworthiness
 6-ACF Conditional Inspection
 Annual Other

Propeller 1: Fixed Pitch Constantly Variable Ground Adjustable
 Manufacturer: Sensenich
 Model: 76AK-2-47

Propeller 2: Fixed Pitch Constantly Variable Ground Adjustable
 Manufacturer: _____
 Model: _____

Date Last Inspection: 05/18/2020
 Airframe Total Time: 3963.20 hrs
(times presented) (Selection)
 Last Inspection Type of Accident/Incident

Type of Maintenance Program (Check one)
 General
 Conditional (Amateur-Built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (OAI)
 Continuing Airworthiness
 Other, specify: _____

Description of Fire Extinguishing System
 None
 Halon Other: _____

ELT Installed? Yes No
 // Yes
 ELT Manufacturer: _____
 Model or Part No.: _____
 TSO No.: C91 (11.3 MHz) N11 (13.5 MHz) C118 (608 MHz)

Was ELT still connected to aircraft? Yes No
 Was ELT still connected to antenna? Yes No
 Was ELT activated? Yes No
 // If activated
 Did ELT AM to Landing Aircraft? Yes No
(If not activated)
 Malfunction: Trigger Charge Fuel Leakage
 Battery Replaced/Discharged
 Unknown

Additional Equipment (Check all that apply)
 ADS-B
 Airframe Protection
 Angle of Attack Indicator
 Antenna
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multi-Function Display
 Electronic Primary Flight Display
 Handheld GPS
 Instrument Display
 Outboard Wavest
 Synthetic Vision System
 Fuel Warning System
 Video Recording Device
 Other, specify: _____

***FLIGHT CREWMEMBER 2* INFORMATION**

Flight Crewmember 2 Responsibilities at the Time of Accident/Incident:
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Flight Crewmember 2 was pilot flying Yes No

Flight Crewmember 2 Identification

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

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Self Occupied <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Restraint Type Available <input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 2-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	In-Disable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Private <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Other <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without Inspections/Examinations <input type="checkbox"/> Unknown <input type="checkbox"/> With Inspections/Examinations <input type="checkbox"/> Sick <input type="checkbox"/> Special Limitation	Date of Last Medical mm/dd/yyyy
---	---	---	------------------------------------

Principal Occupations
 Pilot Other Unknown

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Airplane Ratings (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Helicopter <input type="checkbox"/> Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Other	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Pilot <input type="checkbox"/> Observer <input type="checkbox"/> Student <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Propeller/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"/> Propeller/Lift
--	--	--	---

Type Ratings

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	Two-Seat Airplane	Two-Seat Airplane with Single Engine	Single-Engine Airplane	Propeller/Lift	Instrument	Other	Lighter Than Air
Total Time								
Pilot in Command (PIC)								
Time as Instructor								
Time as Student								
Last 90 Days								
Last 28 Days								

ADDITIONAL FLIGHT CREWMEMBERS (Inclusive of 1980 crew, complete first column)

Crew Name and Address		City of Residence	State	ZIP	Seat Occupied	Injury
First Name	Middle Initial	City of Residence	State	ZIP	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
Last Name		Country				
Pilot Certificate(s) (Check all that apply)		<input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer	<input type="checkbox"/> 1st Military <input type="checkbox"/> Foreign		Retraining Type: Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 1-point <input type="checkbox"/> 2-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Inflatable Retraining <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address		City of Residence	State	ZIP	Seat Occupied	Injury
First Name	Middle Initial	City of Residence	State	ZIP	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
Last Name		Country				
Pilot Certificate(s) (Check all that apply)		<input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer	<input type="checkbox"/> 1st Military <input type="checkbox"/> Foreign		Retraining Type: Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 1-point <input type="checkbox"/> 2-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Inflatable Retraining <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew/airline personnel on separate sheet if necessary)						
Name and Address		Sex	Injury	Retraining Type	Inflatable Retraining	Age
First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 1-point <input type="checkbox"/> 2-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15-20 years <input type="checkbox"/> 20-25 years <input type="checkbox"/> 25-30 years <input type="checkbox"/> 30-35 years <input type="checkbox"/> 35-40 years <input type="checkbox"/> 40-45 years <input type="checkbox"/> 45-50 years <input type="checkbox"/> 50-55 years <input type="checkbox"/> 55-60 years <input type="checkbox"/> 60-65 years <input type="checkbox"/> 65-70 years <input type="checkbox"/> 70-75 years <input type="checkbox"/> 75-80 years <input type="checkbox"/> 80-85 years <input type="checkbox"/> 85-90 years <input type="checkbox"/> 90-95 years <input type="checkbox"/> 95-100 years <input type="checkbox"/> Unknown
Last Name		Country				
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Name and Address		Sex	Injury	Retraining Type	Inflatable Retraining	Age
First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 1-point <input type="checkbox"/> 2-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15-20 years <input type="checkbox"/> 20-25 years <input type="checkbox"/> 25-30 years <input type="checkbox"/> 30-35 years <input type="checkbox"/> 35-40 years <input type="checkbox"/> 40-45 years <input type="checkbox"/> 45-50 years <input type="checkbox"/> 50-55 years <input type="checkbox"/> 55-60 years <input type="checkbox"/> 60-65 years <input type="checkbox"/> 65-70 years <input type="checkbox"/> 70-75 years <input type="checkbox"/> 75-80 years <input type="checkbox"/> 80-85 years <input type="checkbox"/> 85-90 years <input type="checkbox"/> 90-95 years <input type="checkbox"/> 95-100 years <input type="checkbox"/> Unknown
Last Name		Country				
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				

FLIGHT ITINERARY INFORMATION

Last Departure Point
 Airport ID: PHH
 City: Portland
 State: ME
 Country: USA

Time of Departure
 Time: 08:00
 Time Zone: AST

Destination
 Airport ID: _____
 City: _____
 State: _____
 Country: _____

Type of Flight Plan Filed
 None
 VFR
 IFR
 Military VFR
 Unusual VFR
 Other: _____

Type of ATC Clearance/Service (Check all that apply)
 Standard VFR
 IFR
 Special VFR
 VFR on Top

Airspace where the accident/incident occurred (Check all that apply)
 Class A
 Class B
 Class C
 Class D
 Class E
 Class G
 Decision Altitude
 Warning Area
 Prohibited Area
 Restricted Area
 Class G
 Military Operations Area (MOA)
 Airport Advisory Area
 Air Traffic Control Area
 Unusual
 Other: _____

Altitude of In-Flight Occurrence: _____ ft

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
 Facility ID: _____
 Observation Type: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Distance from Accident Site: _____ deg true
 Distance from Accident Site: _____ deg mag

Basic Conditions
 Clear
 Partly Cloudy
 Overcast
 Unknown

Light Conditions
 Day
 Night
 Dusk
 Dawn
 Unknown

Temperature: _____ (C) or _____ (F)
Barometric Pressure: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg

Visibility _____ miles
 RVR: _____ feet
 RVR: _____ meters
Beauly Altitude: _____ ft

Restriction to Visibility (Check all that apply)
 Fog
 Low Visibility
 Ice
 Turbulence
 Other: _____

Wind
 Direction: _____ deg true
 Speed: _____ mph
 Gusts: _____ mph
 Variable: _____ mph

Clouds
 Ceiling: _____ ft
 Type: _____
 Base: _____ ft
 Top: _____ ft
 Vertical Extent: _____ ft
 Other: _____

Precipitation
 None
 Rain
 Snow
 Ice
 Other: _____

Other Weather
 Thunderstorms
 Haze
 Smoke
 Dust
 Other: _____

NOTAMS ID and FICAs, AIRNETs, SIGMETs, PIRETs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
 None
 Minor
 Moderate
 Substantial
 Destroyed
 Unknown

Aircraft Fire
 None
 In Flight
 On Ground

Both Ground and In Flight
 None
 In Flight
 Unknown

Aircraft Explosion
 None
 In Flight
 On Ground

Both Ground and In Flight
 Explosion at Unknown Time
 Unknown

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

Right wing, left gear, right elevator ~~was~~ damaged.

NARRATIVE HISTORY OF FLIGHT (Please list as pertinent as)

Describe what occurred in chronological order, including circumstances leading to and cause of accident/incident. Describe terrain and include windage/direction/velocity if pertinent. Attach extra sheets if needed. State departure time and location, arrivals obtained, and altitudes descended. Provide as much detail as possible.

Not realizing at the time that the grade was slightly more than the light and variable winds switched to a tailwind on this last approach (North Direction), I decided to go around. I was carrying to much speed and with rough terrain I was concerned of losing control and hitting my buddies plane that was tied down near the end on left.

I applied full power, pushed carb heat in and slow began to build speed. I prematurely became airborne due to a large bump, I held it in ground effect to build airspeed I knew it would be close, I pulled back slightly to get the extra height I needed when I felt my left tire hit a small group of trees. At the same time I hit the small group of trees I lost ground effect as it was at the end of strip just over the edge of a bluff.

The aircraft and I came to rest amongst the willow I was wearing a helmet but did not use it. The impact was very mild and did not set off the EOT. I was not injured and was easily able to exit after ensuring fuel and power was off.

I was slightly fatigued from a long weekend with the family, ~~and~~ prior to departure. After a good flight over the Alaskan Range I and also had to be. The plane was running great after a recent overhaul and it was getting late I was scheduled for cataract eye surgery the following Tuesday and did not realize how much my depth perception was off despite wearing a contact.

All of these factors added to my ~~the~~ accident.

RECOMMENDATION (How would this airframe/propeller/propeller hub be classified?)

Operator/Owner Safety Recommendation

Be most aware of my own limitations as well as my aircraft's limitations.

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 605

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Current fuel provided, as necessary)

8 Gallons

Fuel Type

- 100LL
 100 Low Lead
 100/130
 115/145
 Jet A
 Jet A-1
 Jet B
 Jet C
 Other, specify _____
 Unknown

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.
Shut down, unbuckled and got out.

OTHER AIRCRAFT - COLLISION (If an aircraft collision occurred, complete this section for each aircraft)

Aircraft Registration Number: 022836

Manufacturer: AH

Model: _____

Registered Owner of Other Aircraft

Name _____
City _____
State _____
Country _____
ZIP _____

Pilot of Other Aircraft

Name _____
City _____
State _____
Country _____
ZIP _____

Damage to Other Aircraft
 Destroyed
 Major
 Substantial
 None

Thanks, Tony