

**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: <u>CARL'S LDG AK19</u> State: <u>AK</u> ZIP: <u>99676</u> Country: <u>USA</u> Latitude: <u>62.17 N</u> Longitude: <u>150.06 W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>		Accident/Incident Date/Time Date: <u>07/03/2021</u> Local Time: <u>23:00</u> <i>mm/dd/yyyy</i> Time Zone: <u>AKDT</u>	
Collision with Other Aircraft: Midair On-ground <u>None</u>			

AIRCRAFT INFORMATION

Registration Number: <u>02547</u> Manufacturer: <u>PIPER</u> Model: <u>PA-18-150</u> Serial Number: <u>18-7909003</u> Year of Manufacture: <u>1978</u> Amateur-Built: Yes <input type="checkbox"/> If Yes: Kit Plans Make: _____ No <input checked="" type="checkbox"/> Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>2000</u> lbs Weight at Time of Accident/Incident: <u>1920</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>
---	--

Category of Aircraft <input checked="" type="checkbox"/> Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table border="0"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None Unknown	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> Retractable Tricycle Amphibian Emergency Float Float Hull Other Launch Recovery System None Unknown	Engine Type <i>(Select one)</i> <input checked="" type="checkbox"/> Reciprocating Turbo Shaft Turbo Prop Turbo Jet Turbo Fan Electric Liquid Rocket Solid Rocket Hybrid Rocket None Unknown Fuel System Type <i>(Reciprocating)</i> <input checked="" type="checkbox"/> Carburetor Fuel-Injected
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	0-320	L33011-36A		180	65	55	65
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour <input checked="" type="checkbox"/> AAIP <input checked="" type="checkbox"/> Annual Continuous Airworthiness Conditional Inspection Unknown Date Last Inspection: <u>10/22/2020</u> <i>mm/dd/yyyy</i> Airframe Total Time: _____ hrs hours measured at <i>(Select one)</i> Last Inspection Time of Accident Incident	Propeller 1 <input checked="" type="checkbox"/> Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>CATTO</u> Model: _____	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program <i>(Select one)</i> <input checked="" type="checkbox"/> Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	ELT Installed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-04</u> TSO No.: <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u> <u>C126 (406 MHz)</u> Was ELT still mounted in aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was ELT still connected to antenna? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did ELT Activate? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If activated: Did ELT Aid in Locating Aircraft: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not activated: Indicate Reason: <u>on Airstrip</u> Impact Damage Fire Damage Battery Expired/Damaged Unknown	Additional Equipment <i>(Check all that apply)</i> <input checked="" type="checkbox"/> ADS-B Airframe Parachute Angle of Attack Indicator Autopilot Data Recorder <input checked="" type="checkbox"/> Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display Onboard Weather Satellite Tracking Device Stall Warning System Video Recording Device Other, Specify: _____
Description of Fire Extinguishing System <input checked="" type="checkbox"/> None Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: B407 LLC

City: AURORA

State: OR ZIP: 97002

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 Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand 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 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- FAR 437

FAR 91 Special Flight
Non-U.S. Commercial
Non-U.S. 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 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: CARL'S LANDING

Distance From Airport Center: N/A sm

Airport Identifier: AK 19

Direction From Airport: N/A degrees true

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

Airport Elevation: 300 ft msl

Runway Information

Runway ID: 18 (L/R C) Length: 2500 ft Width: 30 ft

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

- Dry
- Holes
- Ice Covered
- Rough
- Rubber Deposits
- Slush-Covered
- Snow-Compacted
- Snow-Crusted
- Snow-Dry
- Snow-Wet
- Soft
- Vegetation
- Water-Calm
- Water-Choppy
- Water-Glassy
- Wet
- Unknown

Runway/Landing Surface (Check all that apply)

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

Approach/Departure Segment (Select one)

Taxi
 Takeoff
Initial Climb

VFR Departure
IFR Departure Procedure Clearance

On Instrument Approach
Landing

Downwind
Base
Final
Crosswind

Low Approach
Go Around
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

Traffic Pattern Stop and Go
Straight-In Touch and Go
Valley/Terrain Following Simulated Forced Landing
Go Around Forced Landing
Full Stop Precautionary 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: JOHN City of Residence: JACKSON
 Middle Initial: M State: WY ZIP: 83001
 Last Name: MARTIN Country: USA
 Age at time of Accident/Incident: 71 Date of Birth: 1949 mm dd yyyy
 Certificate Number: [REDACTED]

Degree of Injury <input checked="" type="checkbox"/> None Minor Serious	Fatal Unknown	Seat Occupied		Unknown	Restraint Type		Inflatable Restraints <input checked="" type="checkbox"/> Not Installed Installed Not Deployed Deployed Unknown
		Left Right Center	<input checked="" type="checkbox"/> Front Rear Single		Available None Lap only <input checked="" type="checkbox"/> 3-point <input checked="" type="checkbox"/> 4-point 5-point Unknown	Used None Lap only 3-point <input checked="" type="checkbox"/> 4-point 5-point Unknown	

Pilot Certificate(s) (Check all that apply)				Medical Certificate Validity	Date of Last Medical
None Private Student	Flight Instructor Recreational Sport	<input checked="" type="checkbox"/> Commercial Airline Transport Flight Engineer	US Military Foreign		

Principal Occupation <input checked="" type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other Unknown	Medical Certificate None Class 1 Class 2	<input checked="" type="checkbox"/> Class 3 Driver's License (Sport Pilot only) Unknown	Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance	Unknown N/A	Date of Last Medical <u>06/30/2020</u> mm/dd/yyyy
--	--	---	--	----------------	--

Medical Certificate Limitations
NONE

Medical Certificate Special Issuance
NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/07/2020</u> mm dd/yyyy	Flight Review Aircraft Make: <u>TBM</u> Model: <u>900</u>
--	--

Airplane Rating(s) (Check all that apply) None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane <input checked="" type="checkbox"/> Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None <input checked="" type="checkbox"/> Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
--	---	--	--	---

Type Ratings <u>NONE</u>	Student Endorsements (Include dates)
------------------------------------	---

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	2810	150	2200	300	100	150	40	350	30	
Pilot in Command (PIC)	2810	150	2200	300	100	150	40	350	30	
Time as Instructor	0									
This Make Model										
Last 90 Days	60	32	60	0						
Last 30 Days	18	32	18							
Last 24 Hours	3	3	3							

"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: _____ N/A 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	Seat Occupied	Restraint Type	Inflatable Restraints
None Minor Serious	Fatal Unknown	Left Right Center	Front Rear Single
		Unknown	
		Available	Used
		None Lap only 3-point 4-point 5-point Unknown	None Lap only 3-point 4-point 5-point Unknown
			Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) <i>(Check all that apply)</i>			
None Private Student	Flight Instructor Recreational Sport	Commercial Airline Transport Flight Engineer	US Military Foreign
Principal Occupation		Medical Certificate	
Pilot Other Unknown	None Class 1 Class 2	Class 3 Driver's License (Sport Pilot only) Unknown	Medical Certificate Validity
		Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	
			Date of Last Medical
			_____ <i>mm/dd/yyyy</i>

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) <i>(Check all that apply)</i>	Other Aircraft Rating(s) <i>(Check all that apply)</i>	Instrument Rating(s) <i>(Check all that apply)</i>	Instructor Rating(s) <i>(Check all that apply)</i>
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	None Airship Balloon Glider Gyroplane Helicopter Powered Lift	None Airplane Helicopter Powered Lift	None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift
			Instrument Airplane Instrument Helicopter Helicopter Glider Sport

Type Ratings

Student Endorsements *(Include dates)*

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

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address			Seat Occupied		Injury
First Name: _____	City of Residence: _____		Left	Front	None
Middle Initial: _____	State: _____ ZIP: _____		Center	Rear	Minor
Last Name: _____ N/A	Country: _____		Right	Single	Serious
				Unknown	Fatal
					Unknown
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints
			Available	Used	
None	Flight Instructor	Commercial	US Military	None	None
Private	Recreational	Airline Transport	Foreign	Lap Only	Lap Only
Student	Sport	Flight Engineer		3-point	3-point
			4-point	4-point	Not Deployed
			5-point	5-point	Deployed
			Unknown	Unknown	Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No				

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
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints
			Available	Used	
None	Flight Instructor	Commercial	US Military	None	None
Private	Recreational	Airline Transport	Foreign	Lap Only	Lap Only
Student	Sport	Flight Engineer		3-point	3-point
			4-point	4-point	Not Deployed
			5-point	5-point	Deployed
			Unknown	Unknown	Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No				

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age
N/A					Available	Used		
First Name: _____	City: _____		Left	None	None	None	Not Installed	Under 5 years
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	Lap Only	Lap Only	Installed	<i>If Under 5,</i>
Last Name: _____	Country: _____		Right	Serious	3-point	3-point	Not Deployed	
	Crew	Passenger	Unknown	Fatal	4-point	4-point	Deployed	Child Restraint
		Other	Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown
First Name: _____	City: _____		Left	None	None	None	Not Installed	Under 5 years
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	Lap Only	Lap Only	Installed	<i>If Under 5,</i>
Last Name: _____	Country: _____		Right	Serious	3-point	3-point	Not Deployed	
	Crew	Passenger	Unknown	Fatal	4-point	4-point	Deployed	Child Restraint
		Other	Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown
First Name: _____	City: _____		Left	None	None	None	Not Installed	Under 5 years
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	Lap Only	Lap Only	Installed	<i>If Under 5,</i>
Last Name: _____	Country: _____		Right	Serious	3-point	3-point	Not Deployed	
	Crew	Passenger	Unknown	Fatal	4-point	4-point	Deployed	Child Restraint
		Other	Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown
First Name: _____	City: _____		Left	None	None	None	Not Installed	Under 5 years
Middle Initial: _____	State: _____ ZIP: _____		Center	Minor	Lap Only	Lap Only	Installed	<i>If Under 5,</i>
Last Name: _____	Country: _____		Right	Serious	3-point	3-point	Not Deployed	
	Crew	Passenger	Unknown	Fatal	4-point	4-point	Deployed	Child Restraint
		Other	Row: _____	Unknown	5-point	5-point	Unknown	Lap-Held
					Unknown	Unknown		Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>AK19</u> City: <u>CARL'S LANDING</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>23:00</u> Time Zone: <u>AKDT</u>	Destination Airport ID: <u>AK19 4AK6</u> City: <u>WASILLA</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input type="checkbox"/> VFR Activated? Yes No Unknown VFR/IFR IFR Unknown
--	--	--	---

Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None VFR	<input type="checkbox"/> Special VFR IFR	<input type="checkbox"/> Special IFR VFR On Top	<input type="checkbox"/> VFR Flight Following Traffic Advisory	<input type="checkbox"/> Cruise Unknown / NA
--	--	---	--	--

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

Class A	Class G	Military Operations Area (MOA)	Special	Altitude of In-Flight Occurrence: <u>N/A</u> ft msl never left gnd.
Class B	Class D	Airport Advisory Area	Air Traffic Control Area	
Class C	Class E	Warning Area	Unknown	
Class D		Prohibited Area		
Class E		Restricted Area	FAR 93	

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <table style="width:100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input checked="" type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Internet												
<input type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> MC <input type="checkbox"/> Unknown	Light Condition Dawn Dusk Dark Night Unknown <input checked="" type="checkbox"/> Day Night Bright Night
---	---

Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ ft agl	Ceiling <input checked="" type="checkbox"/> None (Clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl	Temperature: <u>17</u> (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
---	--	---

Wind Direction Variable -or- Direction: _____ degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10 +</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
--	--	--	---

Intensity of Precipitation Light Moderate Heavy N/A 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 Shower <input type="checkbox"/> Ice Pellets Shower <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"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
---	---	---

Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	N/A	<input type="checkbox"/> Trace	Rime	<input type="checkbox"/> Light	Clear	<input type="checkbox"/> Moderate	Mixed	<input type="checkbox"/> Severe	Unknown	<input type="checkbox"/> Unknown		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	N/A	<input type="checkbox"/> Trace	Rime	<input type="checkbox"/> Light	Clear	<input type="checkbox"/> Moderate	Mixed	<input type="checkbox"/> Severe	Unknown	<input type="checkbox"/> Unknown		Turbulence <table style="width:100%;"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td>Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td>Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input checked="" type="checkbox"/> None	Light	<input type="checkbox"/> Clear Air	Moderate	<input type="checkbox"/> Terrain-Induced	Severe	<input type="checkbox"/> Convective Turbulence	Extreme
Amount	Type																																							
<input checked="" type="checkbox"/> None	N/A																																							
<input type="checkbox"/> Trace	Rime																																							
<input type="checkbox"/> Light	Clear																																							
<input type="checkbox"/> Moderate	Mixed																																							
<input type="checkbox"/> Severe	Unknown																																							
<input type="checkbox"/> Unknown																																								
Amount	Type																																							
<input checked="" type="checkbox"/> None	N/A																																							
<input type="checkbox"/> Trace	Rime																																							
<input type="checkbox"/> Light	Clear																																							
<input type="checkbox"/> Moderate	Mixed																																							
<input type="checkbox"/> Severe	Unknown																																							
<input type="checkbox"/> Unknown																																								
Type (Check all that apply)	Severity																																							
<input checked="" type="checkbox"/> None	Light																																							
<input type="checkbox"/> Clear Air	Moderate																																							
<input type="checkbox"/> Terrain-Induced	Severe																																							
<input type="checkbox"/> Convective Turbulence	Extreme																																							

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

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

NOSE, PROPELLER, LEFT WING TIP, RIGHT STRUT, TOP OF VERTICAL.

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.

DEPARTING TO THE SOUTH WITH APPROXIMATELY $\frac{1}{3}$ FUEL. I WAS ONLY SOUL ON BOARD. PUSHED THE NOSE OVER TOO HARD AND THE FUEL SLOSHED TOWARDS THE NOSE CAUSING THE NOSE TO GO OVER MORE THAN USUAL. I OVERREACTED AND THE TAIL HIT THE GROUND (GRAVEL) WHEEL

AND CAUSED THE NOSE TO VEER LEFT ABOUT 20°. I WAS UNABLE TO CORRECT THE DIRECTION AND HIT THE BRAKES TOO HARD CAUSING THE AIRCRAFT TO FLIP OVER ON ITS BACK.

DEPARTURE TIME WAS 23:00 AT AK19 AND THE DESTINATION WAS AKG. NO SERVICES REQUIRED AT THE TIME OF THE ACCIDENT.

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

Operator/Owner Safety Recommendation

IN THE FUTURE, TO BE LESS AGGRESSIVE ON PUSHING THE NOSE OVER!!!

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)

~ 20 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: _____

Damage to Other Aircraft

Model: _____

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

Pilot of Other Aircraft

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____