

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public use aircraft accidents and incidents																																																						
BASIC INFORMATION																																																						
Accident/Incident Location Nearest City/Place: <u>Mc Grawth</u> State: <u>AK</u> ZIP: <u>99627</u> Country: <u>USA</u> Latitude: <u>62.5717</u> (dd:mm:ss N/S) Longitude: <u>155.3647</u> (dd:mm:ss E/W)					Date/Time Date: <u>07-03-2012</u> Local Time: <u>2:00 PM</u> mm/dd/yyyy Time Zone: <u>AK</u>																																																	
Phase of Operation ☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☐ Landing ☐ Approach ☐ Unknown					Collision with Other Aircraft ☐ Mid-air ☐ On-ground ☒ None		Altitude of In-Flight Occurrence ft MSL																																															
AIRCRAFT INFORMATION																																																						
Manufacturer: <u>Piper</u> Model: <u>PA 22-20</u> Serial Number: <u>5843</u> Registration Number: <u>N8635D</u> Amateur-built: ☐ Yes ☒ No					Max Gross Weight: <u>2000</u> lbs Weight at Time of Accident/Incident: <u>1800</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>19.5</u> inches from ☐ nose or ☒ datum Percent Mean Aerodynamic Cord (% MAC)																																																	
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered Lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown																																																
Type of Maintenance Program ☒ Annual ☐ Conditions (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		Date Last Inspection: <u>05-2011</u> mm/dd/yyyy Airframe Total Time: <u>4400</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident																																																	
IFR Equipped ☐ Yes ☒ No ☐ Unknown			Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown		Type of Fire Extinguishing System ☒ None ☐ Specify: _____																																																	
ELT Installed ☒ Yes ☐ No ELT Activated ☐ Yes ☒ No			ELT Manufacturer: <u>ACK</u> Model/Series: <u>E01</u> Serial Number: <u>028782</u> Battery Type: <u>D</u> Battery Exp. Date: <u>5/2012</u>																																																			
Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown			Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected		Propeller ☒ Fixed Pitch ☐ Controllable Pitch Manufacturer: <u>Sensenich</u> Model: <u>74 DM 36</u>																																																	
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>Lycoming</u></td> <td><u>O320 AB</u></td> <td><u>22-5843</u></td> <td><u>8-27-97</u></td> <td><u>150</u></td> <td><u>625</u></td> <td><u>150</u></td> <td><u>625</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	<u>Lycoming</u>	<u>O320 AB</u>	<u>22-5843</u>	<u>8-27-97</u>	<u>150</u>	<u>625</u>	<u>150</u>	<u>625</u>	Eng. 2									Eng. 3									Eng. 4								
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Registered Aircraft Owner Name: <u>Harold James Chapman</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Nevada</u> State: <u>AK</u> ZIP: <u>99760</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 135 ☐ Non-U.S. Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-U.S. Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Signseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☒ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	
Type of Commercial Operating Certificate Held (Check all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotocraft External Load (133) ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft			
OTHER AIRCRAFT COLLISION			
Aircraft Registration Number _____		Manufacturer: _____ Model: _____	
Registered Owner of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____		City: _____ State: _____ ZIP: _____ Country: _____	
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☐ Unknown (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	
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☐ Destroyed		Aircraft Fire ☐ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	
Aircraft Explosion ☐ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground			

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

The aircraft was totally destroyed.

AIRPORT INFORMATION

Airport Identifier: _____ Distance From Airport Center: 55 SM
 Airport Name: Madison Creek Direction From Airport: 315 degrees MAG
 Proximity to Airport ☐ Off Airport/Airport ☐ On Airport ☒ On Airstrip Airport Elevation: 450 ft. MSL

Approach Segment (Select one)
☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

☒ None ☐ PAR ☐ MIS ☐ Practice
☐ ADF/NDP ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: _____ (L/R/C) Length: 1700 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

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

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

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

FLIGHT ITINERARY INFORMATION

Last Departure Point
 Airport ID: _____
 City: _____
 State: _____
 Country: _____

Time of Departure
 Time: 2:00 PM
 Time Zone: AK

Destination
 Airport ID: PANN
 City: Nenana
 State: AK
 Country: USA

Type Flight Plan Filed
☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☒ No

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

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown/NA

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

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Dome Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☒ Cargo ☐ Other External ☐ Chemical/Fertilizer/Scuds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
 (convert from pounds, as necessary)
30 Gallons

Fuel Type
☐ 80/87 ☐ 115/145 ☐ JP2 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

The accident was 56 miles NW of Mc Grath.

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 We exited the right front door of the airplane.		
WEATHER INFORMATION AT THE ACCIDENT SITE		
Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☒ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ Unknown	Method of Briefing (Check all that apply) ☐ In Person ☐ Teletype ☒ Telephone/Computer ☐ Aircraft Radio ☐ TV/Radio ☐ Unknown
Briefing Type/Completeness ☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer ☐ Abbreviated ☒ Unknown ☐ Not Pertinent	Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported	Visibility 20 miles
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☒ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☐ None (clear) ☒ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Restriction in Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown
Lowest Cloud Condition Height About 5000 ft AGL	Ceiling Height 5000 ft AGL	
Wind Direction ☐ Indicated 090 degrees MAG ☐ Variable	Wind Speed Velocity: 5 KTS ☐ Calm ☐ Light and Variable	Wind Gusts Velocity: 5 KTS ☐ Gusting ☐ Not Gusting
Type of Turbulence (Check all that apply) ☐ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Severe ☐ Moderate ☐ Moderate Chop ☐ Light		
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident		
Temperature: _____ (C) or 80 (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: 1500 ft Dew Point: _____ (C) or _____ (F)	 icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Freezing Rain ☐ Snow Shower ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Ice Pellets Shower ☐ Freezing Drizzle Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy

PILOT INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident											
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
Pilot "A" Identification											
First Name: <u>Harold</u>					City: <u>Nenana</u>						
Middle Initial: <u>J</u>					State: <u>AK</u> ZIP: <u>99760</u>						
Last Name: <u>Chapman</u>					Country: <u>USA</u>						
Age at time of Accident/Incident: <u>46</u>					Date of Birth: <u>[REDACTED]</u>		Certificate Number: <u>[REDACTED]</u>				
Degree of Injury			Seat Occupied			Seat Belt		Shoulder Harness			
☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious			☒ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single			☐ Used ☒ Yes ☐ No ☐ Available ☒ Yes ☐ No		☐ Used ☒ Yes ☐ No ☐ Available ☒ Yes ☐ No			
Pilot Certificate(s) (Check all that apply)											
☐ None ☒ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ U.S. Military ☐ Foreign											
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
☐ Pilot ☒ Other ☐ Unknown		☐ None ☐ Class 1 ☐ Class 2 ☒ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown			☒ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown			<u>05/08/2012</u> mm/dd/yyyy			
Medical Certificate Limitations											
<u>none</u>											
Medical Certificate Waivers											
<u>none</u>											
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: <u>06/03/2012</u>					Flight Review Aircraft						
					Make: <u>Cessna</u>						
					Model: <u>152</u>						
Airplane Rating(s)		Other Aircraft Rating(s)		Instrument Rating(s)		Instructor Rating(s)					
(Check all that apply)		(Check all that apply)		(Check all that apply)		(Check all that apply)					
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free 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 (Enter appropriate number of hours in each box)		Alt Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time		<u>800</u>	<u>625</u>	<u>800</u>	<u>—</u>	<u>4</u>	Actual	Simulated			
Pilot in Command (PIC)								<u>50</u>			
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

PILOT "B" INFORMATION											
Pilot "B" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____											
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Seat Belt Used Available ☐ Yes ☐ No ☐ Yes ☐ No		Shoulder Harness Used Available ☐ Yes ☐ No ☐ Yes ☐ No					
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military											
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown		Date of Last Medical mm/dd/yyyy					
Medical Certificate Limitations 											
Medical Certificate Waivers 											
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) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☐ 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 						Student Endorsements (Include dates) 					
Flight Time (enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Flight	Instrument Actual Simulated		Referencraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

PILOT NAME AND ADDRESS		DEGREE OF INJURY	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
PILOT NAME AND ADDRESS		DEGREE OF INJURY	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
PILOT NAME AND ADDRESS		DEGREE OF INJURY	
First Name: _____	City: _____	☐ None	☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor	☐ Unknown
Last Name: _____	Country: _____	☐ Serious	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
PASSENGERS/OTHER PERSONNEL			
Name and Address		Seat	Other
First Name: <u>Inoko</u>		Class	Other
Middle Initial: _____		Revenue	Other
Last Name: <u>Chapman</u>		Occupant	Other
City: <u>Nenana</u>		FAA	Other
State: <u>AK</u> ZIP: <u>99760</u>		Other	Other
Country: <u>USA</u>		Other	Other
First Name: _____		Other	Other
Middle Initial: _____		Other	Other
Last Name: _____		Other	Other
City: _____		Other	Other
State: _____ ZIP: _____		Other	Other
Country: _____		Other	Other
First Name: _____		Other	Other
Middle Initial: _____		Other	Other
Last Name: _____		Other	Other
City: _____		Other	Other
State: _____ ZIP: _____		Other	Other
Country: _____		Other	Other
First Name: _____		Other	Other
Middle Initial: _____		Other	Other
Last Name: _____		Other	Other
City: _____		Other	Other
State: _____ ZIP: _____		Other	Other
Country: _____		Other	Other
First Name: _____		Other	Other
Middle Initial: _____		Other	Other
Last Name: _____		Other	Other
City: _____		Other	Other
State: _____ ZIP: _____		Other	Other
Country: _____		Other	Other

ANALYSIS OF FLIGHT

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 time and point of departure, intended destination, and services obtained.

There was a gentle, shifting breeze from the east. Other aircraft were departing to the east that day. The runway slopes uphill that direction and the terrain rises gradually. The runway slope is about 2%. I taxied to the far west end of the runway, using every inch of runway. The aircraft accelerated and became airborne nicely with full flaps. But after I cleared the trees it began settling, and settled into the treetops under full power and crashed.

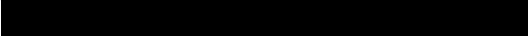
RECOMMENDATION

Operator/Owner Safety Recommendation

I could have taken my load of tools to a different airport, such as McGrath, and then came back for my passenger. Under the circumstances, because my aircraft was not high performance and the runway was unforgiving, it would have been better to depart with a light load.

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I hereby certify that the above information is complete and accurate to the best of my knowledge.			
Date of this Report 07-09-12 mm/dd/yyyy	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>THOMAS D. CHAPMAN</u>		
Signature and Name of Person Filing Report if Other than Pilot/Operator Signature: _____ Type or Print Name: _____ Title: _____			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. <u>ANC12CA 065</u>	Reviewed by NTSB Regional Office <u>ANCHORD AG2</u>	Name of Investigator <u>LEWIS</u>	Date Report Received <u>7-17-12</u>