

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>FAIRBANKS</u> State: <u>AK</u> ZIP: <u>99709</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>09/23/2012</u> Local Time: <u>13:30</u> mm/dd/yyyy Time Zone: <u>ALASKA</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☒ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None	
		Altitude of In-Flight Occurrence _____ ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Piper</u> Model: <u>PA 12</u> Serial Number: <u>12-3436</u> Registration Number: <u>N4483M</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>1750</u> lbs Weight at Time of Accident/Incident: <u>1500</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from ☐ nose or ☐ datum -or- _____ 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>2</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 ☐ Conditional (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>05/24/2012</u> mm/dd/yyyy Airframe Total Time: <u>2914.1</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 <u>HAND HELD HALON</u>
---	---	---

ELT Installed ELT Activated ☒ Yes ☐ No ☐ Yes ☒ No	ELT Manufacturer: <u>ARC</u> Model/Series: _____ Serial Number: _____ Battery Type: <u>Ever Ready</u> Battery Exp. Date: <u>12-2014</u>	
--	---	--

Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected	Propeller ☒ Fixed Pitch Manufacturer: <u>Sensenich</u> ☐ Controllable Pitch Model: <u>M074 PM</u>
---	---	---

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>O-320 A2B</u>	<u>L-7319B-27</u>	<u>-</u>	<u>150</u>			<u>999.8</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: DAVID or TERESA LORRINGFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: [REDACTED] *Fairbury*
State: AK ZIP: 99709
Country: USA**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 133 | ☐ Non-US, Commercial | ☐ Federal ☐ State ☐ Local |
| ☐ FAR 121 | ☐ FAR 135 | ☐ Non-US, Non-commercial | ☐ Unknown |
| ☐ FAR 125 | ☐ FAR 137 | ☐ Armed Forces | |

Revenue Sightseeing 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 Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number**N/A**Manufacturer:**

Model:

Damage to Other Aircraft☐ Destroyed ☐ Minor
☐ Substantial ☐ None**Registered Owner of Other Aircraft**

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

First Name: _____

Middle Initial: _____

Last Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

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)

Minor Damage to Top of Rudder
Bent Propeller
Minor skin damage to Leading edge of Wing

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: AK 7

Distance From Airport Center: 1.5 SM

Airport Name: Gold King

Direction From Airport: 090 degrees MAG

Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: _____ 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 ☐ MLS ☐ Practice
☐ ADF/NDB ☐ 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: _____ ft Width: _____ 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
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: _____

City: _____

State: _____

Country: _____

Time of Departure

Time: _____

Time Zone: _____

Destination

Airport ID: _____

City: _____

State: _____

Country: _____

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 ☐ Demo 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/Seeds

FUEL & SERVICES INFORMATION

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

5 Gallons

Fuel Type

100 Low Lead
☐ 100/130

☐ 115/145
☐ Jet A
☐ Automotive

☐ JP3
☐ JP4
☐ JP5

Other, specify _____

Other Services, if Any, Prior to Departure None

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

Flying from OFF airport hunting camp to Gold King Airport,
Fuel in Right TANK exhausted, LEFT TANK Switched ON AND
Engine Did not catch. Landed in TUNDRA. AC Thrown
over on BACK Damaging Rudder, Bending Propeller, some minor
SKIN Damage to leading edge of Rt wing.

FAA inspector conducted a Fuel Flow Test on Fuel System
And Found Adequate Flow From BOTH TANKS AND Adequate
Fuel in Left TANK.

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

Operator/Owner Safety Recommendation

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

*one occupant exited Door of AC***WEATHER INFORMATION AT THE ACCIDENT/INCIDENT 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**50+ miles**Sky/Lowest Cloud Condition**☒ Clear☐ Few☐ Partial Obscuration☐ Scattered☐ Thin Broken☐ Thin Overcast☐ Unknown**Ceiling**☒ None (clear)☐ Broken☐ Overcast☐ Obscured☐ Indefinite☐ Unknown**Restriction to 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**

ft AGL

Ceiling Height

ft AGL

Wind Direction☐ Indicated:

_____ degrees MAG

☐ Variable**Wind Speed**

Velocity: _____ KTS

-or-

☒ Calm☐ Light and Variable**Wind Gusts**

Velocity: _____ 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 60 (F)Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ 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 "A" 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: Davin City: Fairbanks
 Middle Initial: W. State: AK ZIP: 99709
 Last Name: Larving Country: USA
 Age at time of Accident/Incident: 59 Date of Birth: 1/19/52 Certificate Number: [REDACTED]
mm/dd/yyyy

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Single	Seat Belt Used ☒ Yes ☐ No Available ☐ Yes ☐ No	Shoulder Harness Used ☒ Yes ☐ No Available ☐ 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 <u>03/27/2012</u> mm/dd/yyyy
--	---	---	---

Medical Certificate Limitations

6 GLASSES FOR NEAR VISION

Medical Certificate Waivers

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 05 2012
mm/dd/yyyy

Flight Review Aircraft P200
 Make: PA 31-350
 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	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	16000	2000	15000	1000						
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	400									
Last 30 Days	140									
Last 24 Hours	0									

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: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy						City: _____ State: _____ ZIP: _____ Country: _____ Certificate Number: _____																																																																																														
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No		Shoulder Harness Used ☐ Yes ☐ No Available ☐ 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)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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																																																																																																				
Pilot in Command (PIC)																																																																																																				
Time as Instructor																																																																																																				
This Make/Model																																																																																																				
Last 90 Days																																																																																																				
Last 30 Days																																																																																																				
Last 24 Hours																																																																																																				

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)			
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ 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	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____											

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

10/02/2012
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: DAVID W. LORRING

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.

ANC12CA112

Reviewed by NTSB Regional Office

Anchorage

Name of Investigator

Banning

Date Report Received

10/10/2012