

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>Aleknagik</u> State: <u>AK</u> ZIP: <u>99576</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)					Date/Time Date: <u>03/02/2014</u> Local Time: <u>Approx. 2 pm.</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 <u>N/A</u> ft MSL		
Aircraft Information									
Manufacturer: <u>Luscombe</u> Model: <u>SL8E</u> Serial Number: <u>5269</u> Registration Number: <u>N2542K</u> Amateur-built: ☐ Yes ☒ No					Max Gross Weight: <u>1,400</u> lbs Weight at Time of Accident/Incident: <u>1,389.05</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>N/A</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>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: <u>N/A</u> 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>11/01/2013</u> mm/dd/yyyy Airframe Total Time: <u>4236</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>AMERI-KING Corp.</u> Model/Series: <u>AK-451 2 series</u> Serial Number: <u>9995</u> Battery Type: <u>Lithium</u> Battery Exp. Date: <u>Oct. 2015</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>McCawley</u> Model: <u>CM 7148</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>Teledyne</u>	<u>C85-12F</u>	<u>28624-7-12</u>		<u>8.5</u>	<u>2709</u>	<u>10</u>	<u>747</u>	
Eng. 2									
Eng. 3									
Eng. 4									

Registered Aircraft Owner Name: <u>Russell Stuart Nelson</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Dillingham</u> State: <u>AK</u> ZIP: <u>99576</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 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 <u>N/A</u> 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			

Aircraft Registration Number _____		Manufacturer: _____ Model: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____ N/A City: _____ State: _____ ZIP: _____ Country: _____					
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)

Bent Landing Gear, Broken Windsield, Buckeling by Landing Gear,
Tip of Vertical Stabilizer Bent, Bent Prop.

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ 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

Last Departure Point

Airport ID: PADL
 City: Dillingham
 State: AK
 Country: USA

Time of Departure

Time: Est 1:50 pm
 Time Zone: AK

Destination

Airport ID: Off Airport
 City: Atkasigik Lake
 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 ☐ 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 on Board at Last Takeoff

(convert from pounds, as necessary)

8 Gallons

Fuel Type

☒ 100/130 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☐ 100/130 ☐ Jet A ☐ JP4
☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

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

1 person out each door.

Weather Observation Facility

Facility ID: PADL
 Observation Time: Est 1:30 pm
 Time Zone: AK
 Distance from Accident Site: 25 NM
 Direction from Accident Site: SW 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

25+ 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:
360 degrees MAG

☐ Variable

Wind Speed

Velocity: 10 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

Frost Heaves on PADL Taxiway & Runway.

Temperature: 4 (C)
 or _____ (F)

Altimeter Setting: 29.89 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: <u>Russell</u> City: <u>Dillingham</u> Middle Initial: <u>S</u> State: <u>AK</u> ZIP: <u>99526</u> Last Name: <u>Nelson</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>58</u> Date of Birth: <u>mm/dd/yyyy</u> <u>1/956</u> Certificate Number: <u>mm/dd/yyyy</u>																																																																																																				
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 <u>05/14/2013</u> <u>mm/dd/yyyy</u>																																																																																												
Medical Certificate Limitations <u>Must have available glasses for near vision,</u>																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/20/2012</u> <u>mm/dd/yyyy</u>			Flight Review Aircraft Make: <u>Luscombe</u> Model: <u>SL8 E</u>																																																																																																	
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																																																																																											
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">1950</td> <td style="padding: 5px;">1583</td> <td style="padding: 5px;">1950</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">37</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">40</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">1906</td> <td style="padding: 5px;">1583</td> <td style="padding: 5px;">1906</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">37</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">37</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">12</td> <td style="padding: 5px;">10</td> <td style="padding: 5px;">12</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">5</td> <td style="padding: 5px;">5</td> <td style="padding: 5px;">5</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">2</td> <td style="padding: 5px;">2</td> <td style="padding: 5px;">2</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">—</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	1950	1583	1950	—	37	—	40	—	—	—	Pilot in Command (PIC)	1906	1583	1906	—	37	—	—	—	—	—	Time as Instructor	—	—	—	—	—	—	—	—	—	—	This Make/Model	—	—	—	—	37	—	—	—	—	—	Last 90 Days	12	10	12	—	—	—	—	—	—	—	Last 30 Days	5	5	5	—	—	—	—	—	—	—	Last 24 Hours	2	2	2	—	—	—	—	—	—	—
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PILOT 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 ☐ Yes ☐ No Available ☐ Yes ☐ No		Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No																																																																																												
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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																																																																																													
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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																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make & Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">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 style="text-align: left; padding: 2px;">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 style="text-align: left; padding: 2px;">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 style="text-align: left; padding: 2px;">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 style="text-align: left; padding: 2px;">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 style="text-align: left; padding: 2px;">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 style="text-align: left; padding: 2px;">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										
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SECTION 1 - PILOT INFORMATION (Check all that apply)																
Pilot Name and Address						Degree of Injury										
First Name: _____						City: _____										
Middle Initial: _____						State: _____ ZIP: _____										
Last Name: _____						Country: _____										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ 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: _____										
Middle Initial: _____						State: _____ ZIP: _____										
Last Name: _____						Country: _____										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
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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: _____										
Middle Initial: _____						State: _____ ZIP: _____										
Last Name: _____						Country: _____										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ 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										
SECTION 2 - PASSENGER INFORMATION (Include all persons on board, including the pilot-in-command)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
First Name: <u>Carl</u>						<u>RH</u>	☐	☒	☐	☐	☐	☐	☐	☐	☒	☐
Middle Initial: <u>R</u>																
Last Name: <u>Nelson</u>																
City: <u>Dillingham</u>																
State: <u>AK</u> ZIP: <u>99526</u>																
Country: <u>USA</u>																
First Name: _____																
Middle Initial: _____																
Last Name: _____																
City: _____																
State: _____ ZIP: _____																
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NARRATIVE HISTORY 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.

I left PADL at approx. 1:30pm, to check out my cabin on the NW end of Lake Aleknagik where I had landed a couple of weeks ago, I took my uncle Carl with me so he could look at his cabin too. The lake was clear of snow and I touched down in front of the Bristol Bay Lodge heading North towards my cabin. After Landing I was taxiing to the beach at a pace equivalent to a slow run when with the control stick all the way back at about 150 yards from my parking spot my main wheels broke through thru Ice into overflow. This unexpected event caused the plane to rock up onto the nose and fall over onto its back. When exiting the aircraft I received a small cut on my head. My passenger received no injuries.

RECOMMENDATION (If you have any recommendations, please state them here.)

Operator/Owner Safety Recommendation

If I had known the phone number for the Bristol Bay Lodge caretaker, I could have called him and asked him to check the ice conditions.

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 03/11/2014 mm/dd/yyyy	Signature and Name of Pilot/Operator Signature:  Type or Print Name: <u>Russell S. Nelson</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. ANC14CA017	Reviewed by NTSB Regional Office Anchorage, AK	Name of Investigator C. Shaver	Date Report Received 3/11/14