

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>Bluff</u> State: <u>Alaska</u> ZIP: _____ Country: <u>USA</u> Latitude: <u>64°34'23.86"N</u> Longitude: <u>163°34'45.91"W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>07/31/2018</u> Local Time: <u>10:50 p.m.</u> <i>mm/dd/yyyy</i> Time Zone: <u>Alaska</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None
---	--

AIRCRAFT INFORMATION

Registration Number: <u>N185KB</u> Manufacturer: <u>Cessna</u> Model: <u>185F</u> Serial Number: <u>18503698</u> Year of Manufacture: <u>1979</u> Amateur-Built: ☐ Yes ☒ No <i>If Yes:</i> ☐ Kit/Plans ☐ Original Design Make: _____	☒ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>3525</u> lbs Weight at Time of Accident/Incident: <u>2980</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>3</u> Number of Engines: <u>1</u>
--	---

Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> ☐ Retractable ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Other Launch/Recovery System ☐ None ☐ Unknown	Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Reciprocating) ☐ Carburetor ☒ Fuel-Injected
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ 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	Continental	IO-520-D	810171	03/1997	300/285	1271	116.5	1271.4
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>8-18-2017</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>2547</u> hrs hours measured at <i>(Select one)</i> ☒ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>McCauley</u> Model: <u>D3A34C</u>	Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> ELT Manufacturer: <u>Artex</u> Model or Part No.: <u>ME406</u> TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz) ☒ C126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☒ Yes ☐ No <i>If activated:</i> Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No <i>If not activated:</i> Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown	
Description of Fire Extinguishing System ☐ None ☒ Specify: manual fire extinguisher under forward passenger seat	Additional Equipment (Check all that apply) ☐ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☒ Autopilot ☐ Data Recorder ☐ 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: _____	

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Fen Kinneen and Simon Kinneen</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Nome</u> State: <u>Alaska</u> ZIP: <u>99762</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Simon Kinneen</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>n/a</u> Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown		☐ 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	
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ 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: <u>Simon</u> Middle Initial: <u>N</u> Last Name: <u>Kinneen</u> City of Residence: <u>Nome</u> State: <u>Alaska</u> ZIP: <u>99762</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>42</u> Date of Birth: <u> </u>1975 <i>mm/dd/yyyy</i> Certificate Number: <u> </u>																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer																																																																																																				
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 ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>6/19/2017</u> <i>mm/dd/yyyy</i>																																																																																												
Medical Certificate Limitations none																																																																																																				
Medical Certificate Special Issuance n/a																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>6/20/2017</u> <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: <u>Piper</u> Model: <u>PA28</u>																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
<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 <i>(Enter appropriate number of hours in each box)</i></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>830</td> <td>77</td> <td>826</td> <td>4</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>830</td> <td>77</td> <td></td> <td>4</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr style="background-color: #cccccc;"> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>21</td> <td>21</td> <td>21</td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>10</td> <td>10</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											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	830	77	826	4				0	0	0	Pilot in Command (PIC)	830	77		4				0	0	0	Time as Instructor	0	0	0	0	0	0	0	0	0	0	This Make/Model							1				Last 90 Days	21	21	21	0				0	0	0	Last 30 Days	10	10	0	0				0	0	0	Last 24 Hours	1	1	1	0				0	0	0
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	830	77	826	4				0	0	0																																																																																										
Pilot in Command (PIC)	830	77		4				0	0	0																																																																																										
Time as Instructor	0	0	0	0	0	0	0	0	0	0																																																																																										
This Make/Model							1																																																																																													
Last 90 Days	21	21	21	0				0	0	0																																																																																										
Last 30 Days	10	10	0	0				0	0	0																																																																																										
Last 24 Hours	1	1	1	0				0	0	0																																																																																										

"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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																												
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical _____ <i>mm/dd/yyyy</i>																																																																																												
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Limitations 																																																																																															
Medical Certificate Special Issuance 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>					Flight Review Aircraft Make: _____ Model: _____																																																																																															
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings 						Student Endorsements <i>(Include dates)</i> 																																																																																														
<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 <i>(Enter appropriate number of hours in each box)</i></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></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: 5px;">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: 5px;">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: 5px;">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: 5px;">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: 5px;">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: 5px;">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 <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										
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 First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ 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 cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>Margaret</u> City: <u>Nome</u> Middle Initial: <u>E</u> State: <u>AK</u> ZIP: <u>99762</u> Last Name: <u>Stang</u> Country: _____ ☐ Crew ☒ Passenger ☐ Other			☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>1</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☒ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
First Name: <u>Gavin</u> City: <u>Nome</u> Middle Initial: <u>B</u> State: <u>AK</u> ZIP: <u>99762</u> Last Name: <u>Kinneen</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			☒ Left ☐ Center ☐ Right ☐ Unknown Row: <u>2</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
First Name: <u>Kellen</u> City: <u>Nome</u> Middle Initial: <u>R</u> State: <u>AK</u> ZIP: <u>99762</u> Last Name: <u>Kinneen</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other			☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>2</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown		

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>K29</u>	Time: <u>10:40pm</u>	Airport ID: <u>PAOM</u>	☒ None ☐ VFR/IFR
City: <u>Council</u>		City: <u>Nome</u>	☐ Company VFR ☐ IFR
State: <u>Alaska</u>	Time Zone: <u>AK</u>	State: <u>Alaska</u>	☐ Military VFR ☐ Unknown
Country: <u>USA</u>		Country: <u>USA</u>	☐ VFR
			Activated? ☐ Yes ☐ No ☐ Unknown

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

Altitude of In-Flight Occurrence: _____ ft msl

Source of Pilot Weather Information <i>(Check all that apply)</i>	Weather Observation Facility
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Facility ID: <u>PAWM</u> Observation Time: <u>10pm?</u> Time Zone: <u>AK</u> Distance from Accident Site: <u>9?</u> nm Direction from Accident Site: <u>NNE</u> degrees true
☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
---	---

Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☒ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered	Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height <u>800 scattered - pilot observer</u> ft agl	Ceiling Height <u>1500 (WMO ASOS)</u> ft agl	

Wind Direction ☐ Variable - or - Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable - or - Speed: _____ kts	Wind Gusts ☐ Not Gusting - or - Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
---	---	---	---

Intensity of Precipitation	Type of Precipitation <i>(Check all that apply)</i>				Restriction to Visibility <i>(Check all that apply)</i>	
☐ Light	☐ None	☐ Drizzle	☐ Freezing Rain	☒ None	☐ Fog	
☐ Moderate	☐ Rain	☐ Ice Pellets	☐ Snow Shower	☐ Blowing Dust	☐ Ground Fog	
☐ Heavy	☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower	☐ Blowing Sand	☐ Haze	
☒ N/A	☐ Hail	☐ Snow Grains	☐ Freezing Drizzle	☐ Blowing Snow	☐ Ice Fog	
☐ Unknown	☐ Rain Showers	☐ Ice Crystals		☐ Blowing Spray	☐ Smoke	
				☐ Dust	☐ Unknown	

Icing Forecast		Icing Actual		Turbulence	
Amount	Type	Amount	Type	Type <i>(Check all that apply)</i>	Severity
☒ None	☐ N/A	☒ None	☐ N/A	☒ None	☐ Light
☐ Trace	☐ Rime	☐ Trace	☐ Rime	☐ Clear Air	☐ Moderate
☐ Light	☐ Clear	☐ Light	☐ Clear	☐ Terrain-Induced	☐ Severe
☐ Moderate	☐ Mixed	☐ Moderate	☐ Mixed	☐ Convective Turbulence	☐ Extreme
☐ Severe	☐ Unknown	☐ Severe	☐ Unknown		
☐ Unknown		☐ Unknown			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed ☐ ☐ Unknown	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> one wheel/landing gear sheared off. both wings damaged. prop bent. vertical stabilizer and rudder bent. fuselage damage. cracked windshield and side window.		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>		
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 and location, services obtained, and intended destination. Provide as much detail as possible. We departed for Council on Tuesday around 6pm. I pre-flighted the airplane (except for sumping fuel) at the general aviation parking, and then taxied to Bering Air to top off the tanks (added 55 gallons, for a total usable of 84 gallons). The fuel tanks were sumped after fueling and prior to leaving Bering Air. Prior to departing Nome, I did a pre-flight engine run-up (on the SE corner of the runway intersection, between taxiways E and F), including checking the mags and cycling the prop. The flight to Council was uneventful. The clouds weren't particularly low but it was forecast to get lower, so I flew to the east fork of the Solomon River and then over the Corduroy Road (Ruby Roadhouse area) at low level to confirm how low of an altitude the cloud layer could be and still safely transit through the area, and to gain familiarity with what the scenery/topography looked like at low level in the event weather dictated returning to Nome later at a similar altitude. We followed along the Casadepaga River at 5-600 feet as practice for lower conditions, eventually meeting up with the Niukluk River and finally Council. We departed Council to head back to Nome at around 10:40-10:45p.m. As anticipated in the forecast, it looked lower for a direct flight back to Nome when looking southwest from Council, so I opted to head southeast past the Klokerblok River area in order to take advantage of lower terrain for the flight. Prior to leaving Council I looked at the weather and noted that the most recent weather observation for White Mountain put the cloud layer at 1,500 feet, which looked to be better than to the southwest. I recall Nome weather reporting the cloud layer to be at 3,200, so there were some lower hanging clouds through the mountains with a direct route. The departure and climb-out were routine, and the flight to the coast was normal with some maneuvering to avoid lower-hanging patchy clouds. From 10 or so miles away I identified an easy route to follow that would allow us to easily maintain cloud clearance while transitioning to the coast (the terrain rises from near sea level on the flats we were flying over to a few hundred feet for 1-2 miles before dropping back to sea level over the coast). The cloud height was also decreasing closer to the coast, but there was still plenty of room for cloud clearance. The area I was aiming to reach the coast at was approximately 2 miles east of Bluff, and about a half mile east of a local reporting point commonly known as "Square Rock." Over the flats and after identifying the route to the coast I did a 'weightless' maneuver (pushed forward to lose a bit of altitude, pulled back to regain altitude and slow down a bit, and then nose forward again to give a floating effect). Perhaps 45 seconds to a minute later I noticed a decrease in power (it was gradual and not with the distinctive sound of an engine quitting), and looked down to see the engine RPMs at a lower level than I'd previously set it. I rolled the prop control forward, thinking that it may have backed off somehow. With no response there I tried the throttle and checked the mixture (which I had not leaned after departing Council). It quickly became clear that the engine was not developing enough power to maintain flight, and I switched over to using the fuel pump to try to restore power. For a brief time it seemed to be working to a degree, but not enough to resume normal power. After a short period of using the boost pump with limited success I left the pump on (in hopes that the power would be restored) and transitioned to prepare for landing on the tundra. I slowed up while going to full flaps and attempted to land as slowly as I could. After contacting the tundra the airplane soon flipped over and stopped moving. I unbuckled and opened the passenger door (I think it was easier to reach the handle than mine), got out, and helped the passengers out. After a brief check to make sure the passengers were okay (which I was incredibly grateful to discover) I went back into the plane to pull the fuel cut-off switch to the 'off' position, as well as turn off the master switches and magnetos. After another quick condition check of the passengers and myself, I called my brother to inform him of the accident and let him know that we needed assistance in getting back to town but that there were no medical emergencies. We disconnected so that I could continue to deal with the situation as needed. After calling him back a bit later, he explained that he'd talked to the proper authorities about the ELT signal that was being transmitted and that it was okay for me to disarm (which I did). From there, the passengers and I took steps to prepare for departing the area when assistance was able to come, as well as to make the damaged airplane as accommodable as possible for us to use as shelter while waiting for assistance. At one point I did turn the master switch back on to attempt to use the radios (which were apparently unable to transmit or receive) as well as to use the aircraft's lights to signal our location.		

RECOMMENDATION (How could this accident/incident have been prevented?)													
Operator/Owner Safety Recommendation It is still unclear what happened. I've wondered if I had skipped initially focusing on the propeller control and went straight to the throttle and fuel pump if those extra 3-5 seconds could have made the difference.													
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)													
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> The cause of the loss of power is unknown at this time and still under investigation.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Total Time/Cycles On Part</th> </tr> <tr> <td style="padding: 5px;">1271.4 Hours</td> </tr> <tr> <td style="padding: 5px;">Cycles</td> </tr> <tr> <th style="text-align: left; padding: 5px;">Time Since This Part Inspected/Overhauled</th> </tr> <tr> <td style="padding: 5px;">116.5 Hours</td> </tr> </table>	Total Time/Cycles On Part	1271.4 Hours	Cycles	Time Since This Part Inspected/Overhauled	116.5 Hours							
Total Time/Cycles On Part													
1271.4 Hours													
Cycles													
Time Since This Part Inspected/Overhauled													
116.5 Hours													
FUEL & SERVICES INFORMATION													
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> 73.5 Gallons	Fuel Type <table style="width: 100%;"> <tr> <td>☐ 80/87</td> <td>☐ 115/145</td> <td>☐ Jet B</td> <td>☐ Other, specify _____</td> </tr> <tr> <td>☒ 100 Low Lead</td> <td>☐ Jet A</td> <td>☐ JP8</td> <td></td> </tr> <tr> <td>☐ 100/130</td> <td>☐ Jet A-1</td> <td>☐ Automotive</td> <td></td> </tr> </table>	☐ 80/87	☐ 115/145	☐ Jet B	☐ Other, specify _____	☒ 100 Low Lead	☐ Jet A	☐ JP8		☐ 100/130	☐ Jet A-1	☐ Automotive	
☐ 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 I (pilot) unbuckled, righted myself, and opened the passenger door. I exited, followed by the front seat passenger. The two rear seat passengers followed right after.													
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)													
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <table style="width: 100%;"> <tr> <td>☐ Destroyed</td> <td>☐ Minor</td> </tr> <tr> <td>☐ Substantial</td> <td>☐ None</td> </tr> </table>	☐ Destroyed	☐ Minor	☐ Substantial	☐ None							
☐ Destroyed	☐ Minor												
☐ Substantial	☐ None												
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____												

ADDITIONAL INFORMATION (Please type or print in ink)

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

Please note that the flight times I've listed are only for those hours I'm able to document. My previous logbook was stolen and I've done what I can to 'rebuild' my times, but can't account for all of it. I have additional hours but do not have a good way to estimate or document it.

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

Date of this Report

8/23/2018

mm/dd/yyyy

Name of Pilot/Operator: Simon Kinneen

Signature: _____

-- or --

☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ANC18LA059

Reviewed by NTSB Regional Office

AS-ANC

Name of Investigator

Noreen Price

Date Report Received

August 23, 2018