

**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>ANCHORAGE</u> State: <u>AK</u> ZIP: <u>99502</u> Country: <u>USA</u> Latitude: <u>61.19 N</u> Longitude: <u>149.97 W</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>08/12/2019</u> Local Time: <u>18:30</u> mm/dd/yyyy Time Zone: <u>AKDT</u>	
		Collision with Other Aircraft: Midair On-ground ☒ None	

AIRCRAFT INFORMATION

Registration Number: <u>N91402</u> Manufacturer: <u>CESSNA</u> Model: <u>180H</u> Serial Number: <u>52070</u> Year of Manufacture: <u>1969</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design		IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>2820</u> lbs Weight at Time of Accident/Incident: <u>2867.3</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>	
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Category of Aircraft ☒ Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate (Check all that apply) Standard Special ☒ Normal ☐ Restricted ☐ Aerobatic ☐ Limited ☐ Balloon ☐ Provisional ☐ Commuter ☐ Special Flight ☐ Transport ☐ Experimental ☐ Utility ☐ Special Light-Sport ☐ Experimental Light-Sport Certificate of Authorization or Waiver (COA) None Unknown	Landing Gear (Check all that apply) 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
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Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	CONTINENTAL	C470-R	133085-6R	N.K.	230	4689.1	6.2	801.9
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection ☒ Annual Unknown Date Last Inspection: <u>06/04/2019</u> mm/dd/yyyy Airframe Total Time: <u>4031.7</u> hrs hours measured at (Select one) Last Inspection ☒ Time of Accident/Incident		Propeller 1 Fixed Pitch ☒ Controllable Pitch Ground Adjustable Manufacturer: <u>McCAULEY</u> Model: <u>S90AT-2</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 If Yes: ELT Manufacturer: <u>ARTEX</u> Model or Part No.: <u>ME406</u> TSO No.: <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u> ☒ C126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☒ Yes ☐ No If activated: Did ELT Aid in Locating Aircraft: Yes ☐ No ☒ If not activated: Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown		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: _____	
Description of Fire Extinguishing System None Specify: <u>HAND HELD HAGON</u> <u>EXTINGUISHER</u>					

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: ARTHUR R. TERRELL

City: ANCHORAGE

State: AK ZIP: 99502

Fractional Ownership Aircraft: Yes ☒ No

Country: USA

Operator of Aircraft

☒ Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☒ None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Rotorcraft External Load (FAR 133)
 Commuter Air Carrier (FAR 135)
 On-Demand Air Taxi (FAR 135)
 Commercial Air Tour (FAR 136)
 Agricultural Aircraft (FAR 137)
 Pilot School (FAR 141)
 Certificate of Authorization or Waiver (COA)
 Commercial Space Transportation
 Experimental Permit
 Commercial Space Transportation License
 Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☒ FAR 91 FAR 129 FAR 415
 FAR 103 FAR 133 FAR 431
 FAR 121 FAR 135 FAR 435
 FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial

Public Aircraft (Select one)

- Armed Forces
 Federal
 State
 Local
 Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- Scheduled or Commuter Domestic
 Non-Scheduled or Air Taxi International

- Passenger
 Cargo
 Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- Aerial Application Firefighting Unknown
 Aerial Observation Flight Test
 Air Drop Glider Tow
 Air Race/Show Instructional
 Banner Tow Other Work Use
 Business ☒ Personal
 Executive/Corporate Positioning
 External Load Skydiving
 Ferry

Revenue Sightseeing Flight

Yes ☒ No

Air Medical Flight

Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: LAKE HOOD

Distance From Airport Center: _____ sm

Airport Identifier: LHD/PALH

Direction From Airport: _____ degrees true

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

Airport Elevation: 79 ft. msl

Runway Information

Runway ID: E/W (L/R/C) Length: 4541 ft Width: 188 ft

Runway/Landing Surface (Check all that apply)

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

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
 Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

- Taxi VFR Departure On Instrument Approach Downwind Low Approach
☒ Takeoff IFR Departure Procedure/Clearance Landing Base Final Go Around
 Initial Climb Aborted Landing (after touchdown)
 Crosswind Unknown

IFR Approach (Check all that apply)

- None
 ADF/NDB PAR MLS Practice
 SDF Sidestep LDA GPS
 VOR/TVOR ILS ASR
 VOR/DME Localizer Only Visual
 TACAN LOC-back course Contact
 RNAV Circling
 Unknown

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☒ Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes No

"Flight Crewmember 1" Identification

First Name: ARTHUR City of Residence: ANCHORAGE
 Middle Initial: R State: AK ZIP: 99502
 Last Name: TERRELL Country: USA
 Age at time of Accident/Incident: 84 Date of Birth: 1935 mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal ☒ Minor Unknown Serious		Seat Occupied ☒ Left ☒ Front Unknown Right Rear Center Single		Restraint Type Available Used None None Lap only Lap only 3-point 3-point ☒ 4-point ☒ 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints ☒ Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational ☒ Airline Transport Foreign Student Sport Flight Engineer						
Principal Occupation Pilot ☒ Other Unknown		Medical Certificate <u>BASIC MED</u> 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>12/01/2017</u> mm/dd/yyyy

Medical Certificate Limitations
HOLDER SHALL POSSESS GLASSES THAT CORRECT FOR NEAR VISION

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: CESSNA
 Model: 180H

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 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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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	8453	771	2004	6449*	827	734	111			
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

NONE

NONE

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Crew Name and Address					Seat Occupied		Injury				
First Name: _____ City of Residence: _____					Left		Front		None		
Middle Initial: _____ State: _____ ZIP: _____					Center		Rear		Minor		
Last Name: _____ Country: _____					Right		Single		Serious		
							Unknown		Fatal		
									Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:			Inflatable Restraints			
None					Available			Used			
Private					None			None			
Student					Lap Only			Lap Only			
Flight Instructor					3-point			3-point			
Recreational					4-point			4-point			
Sport					5-point			5-point			
Commercial					Unknown			Unknown			
Airline Transport											
Flight Engineer											
US Military											
Foreign											
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No					Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address					Seat Occupied		Injury				
First Name: _____ City of Residence: _____					Left		Front		None		
Middle Initial: _____ State: _____ ZIP: _____					Center		Rear		Minor		
Last Name: _____ Country: _____					Right		Single		Serious		
							Unknown		Fatal		
									Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:			Inflatable Restraints			
None					Available			Used			
Private					None			None			
Student					Lap Only			Lap Only			
Flight Instructor					3-point			3-point			
Recreational					4-point			4-point			
Sport					5-point			5-point			
Commercial					Unknown			Unknown			
Airline Transport											
Flight Engineer											
US Military											
Foreign											
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: _____ City: _____				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available		Used		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						None		None			
Last Name: _____ Country: _____						Lap Only		Lap Only			
Crew Passenger Other						3-point		3-point			
						4-point		4-point			
				5-point		5-point					
				Unknown		Unknown					
First Name: _____ City: _____				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available		Used		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						None		None			
Last Name: _____ Country: _____						Lap Only		Lap Only			
Crew Passenger Other						3-point		3-point			
						4-point		4-point			
				5-point		5-point					
				Unknown		Unknown					
First Name: _____ City: _____				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available		Used		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						None		None			
Last Name: _____ Country: _____						Lap Only		Lap Only			
Crew Passenger Other						3-point		3-point			
						4-point		4-point			
				5-point		5-point					
				Unknown		Unknown					
First Name: _____ City: _____				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available		Used		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						None		None			
Last Name: _____ Country: _____						Lap Only		Lap Only			
Crew Passenger Other						3-point		3-point			
						4-point		4-point			
				5-point		5-point					
				Unknown		Unknown					

NONE

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: <u>ANCHORAGE</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>18:30</u> Time Zone: <u>AKDT</u>	Destination Airport ID: <u>TWIN IS. LAKE</u> City: <u>MAT-SU BOROUGH</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)				
☒ None ☒ VFR	☐ Special VFR ☐ IFR	☐ Special IFR ☐ VFR On Top	☐ VFR Flight Following ☐ Traffic Advisory	☐ Cruise ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: <u>80</u> ft msl
☒ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E	☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93	☐ Special ☒ Air Traffic Control Area ☐ Unknown	CLEAR OF CLASS D

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown FORE FLIGHT	Weather Observation Facility Facility ID: <u>ANCHORAGE TOWER ATIS</u> Observation Time: _____ Time Zone: <u>18:10 ESTIMATE AKDT</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: <u>ESTIMATE</u> (C) or <u>75</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB NOT RECORDED
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Wind Direction Variable -or- Direction: <u>250</u> 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
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☐ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	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
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Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☒ Terrain-Induced ☐ Convective Turbulence Severity ☒ Light ☐ Moderate ☐ Severe ☐ Extreme
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NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	✓ Substantial	✓ None	Both Ground and In-Flight	✓ None	Both Ground and In-Flight
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include

THE WEST RAMP OF LAKE HOOD THE FLOATPLANE WITH APPROVAL FROM THE TOWER WAS TAXIED EAST STRAIGHT DOWN THE TAXI WATERWAY, THERE IS AN ISLAND THAT SEPARATES THE WATER TAXI-WAY FROM THE PARALLEL TAKE-OFF AND LANDING WATERWAY. ENTERING LAKE SPENARD THE AIRCRAFT PRE-FLIGHT WAS COMPLETED, WEATHER DATA HAD BEEN RECEIVED FROM FORE FLIGHT AND ATIS. WAITING IN SEQUENCE FOR OTHER AIRCRAFT USING THE WEST BOUND WATERWAY (CHANNEL) AS REQUESTED THE CONTROL TOWER CLEARED N91402 FOR TAKE OFF TO THE WEST, THERE WAS A SLIGHT CROSS WIND. THEN WITH WATER RUDDERS UP AND FLAPS SET AT 20° THE CONTROL WHEEL WAS HELD FULL BACK AND POWER WAS SLOWLY ADVANCED TO FULL (2600 RPM). IN THE PROCESS OF SLOWLY ADVANCING THE FLOATPLANE NOSE FORWARD ONTO THE "STEP" THE BRIGHT SUN WAS POSITIONED JUST ABOVE THE HORIZON DIRECTLY AHEAD OF THE TAKE OFF ROUTE. FORWARD VISION WAS BLINDED AND IN AN ATTEMPT TO TAKE-OFF IN THE CHANNEL THE AIRCRAFT DRIIFTED TO THE RIGHT AND THE NOSE OF A FLOAT STRUCK THE LAND AND THE A/C FLIPPED OVER AND CAME TO REST UP-SIDE DOWN ON THE ISLAND. UNABLE TO REMOVE MYSELF FROM THE AIRCRAFT IT WAS A BLESSING THAT THERE WAS NO FIRE AND THE ARRIVING FIRMAN QUICKLY EVACUATED ME BY REMOVING THE SIDE DOOR. A SHORT BOAT RIDE TO THE MAINLAND AND AN AMBULANCE TRIP TO THE HOSPITAL (PROVIDENCE ER) WAS THEN FOLLOWED BY A "CATSKAN" THAT FOUND NO BROKEN BONES NOR INJURED BODY PARTS. AFTER A CHECK-OUT A TAXICAB RIDE WAS PROVIDED, HOWEVER THE CHERISHED FLOATPLANE LIE INVERTED ON THE ISLAND AT LAKE HOOD SEAPLANE BASE, DAYS LATER IT WOULD BE LIFTED BY HELICOPTER AND MOVED TO A STORAGE LOT FOR SALVAGING. IT WAS A SHORT, VERY SHORT "EPOCH" IN TIME WHEN THE SUN WAS IN JUST THE WRONG PLACE AND VISUAL CONTACT WAS LOST, NO SERIOUS HUMAN BODY INJURY RESULTED BUT AN AIRCRAFT ON FLOATS, WHICH HAD BEEN CARED FOR BY ITS OWNER FOR ALMOST FORTY YEARS WAS PRETTY MUCH DESTROYED.

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

Operator/Owner Safety Recommendation

A LESSON TO BE LEARNED :
THE AIRCRAFT WAS HEAVILY LOADED, PERHAPS SLIGHTLY OVER GROSS.
(CARGO WEIGHT HAD BEEN ESTIMATED, NOT WEIGHED WITH A SCALE)
AND A SINGLE 12' LONG 2"x10" PIECE OF LUMBER WAS SECURED WITH
ROPE TO THE HORIZONTAL STRUTS AT THE RIGHT FLOAT. (SEE PHOTO)
IT DID NOT COME LOOSE, LAKE HOOD CONTROL TOWER HAD BEEN INFORMED
OF AN EXTERNAL LOAD PRIOR TO TAXI FOR TAKE OFF. WITH EXACT VISUAL
LOCATION OF THE WEST WATERWAY NECESSARY THE OBSTRUCTION BY
THE BRIGHT SUN AT THE HORIZON SHOULD DELAY THE ATTEMPT FOR A
SHORT TIME UNTIL CONDITIONS IMPROVE. A WINDSHIELD VISOR WAS
INSUFFICIENT, AIRCRAFT DID NOT HAVE AN ANGLE OF ATTACK INDICATOR

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

Was there Mechanical Malfunction/Failure? Yes ☐ No ☒
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

Hours

Cycles

Time Since This Part
Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

50 Gallons

Fuel Type

80/87

☒ 100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

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

PILOT SIDE DOOR WAS REMOVED FROM EXTERIOR BY FIREMEN.

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Substantial

Minor

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

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

08/22/2019

mm/dd/yyyy

Name of Pilot/Operator:

ARTHUR R. TERRELL

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 ONLYNTSB Accident/Incident No.
ANC19TA044Reviewed by NTSB Regional Office
ANCName of Investigator
Eric SwensonDate Report Received
08/22/2019