

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: Lake Louise State: AK
 ZIP: 99588 Country: USA
 Latitude: 62° 22.638' (dd:mm:ss N/S) Longitude: 147° 29.5163' (ddd:mm:ss E/W)

Date/Time

Date: 08/22/20 Local Time: 10:00am
 mm/dd/yyyy Time Zone: AK

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

none ft MSL

AIRCRAFT INFORMATION

Manufacturer: Piper
 Model: Ra 22-20
 Serial Number: 22-7199
 Registration Number: N3251Z Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2,000 lbs
 Weight at Time of Accident/Incident: 1,700 lbs
 Location of Center of Gravity at Time of Accident/Incident:
15.9 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 **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight ☐ Light Sport

Number of Seats: 4

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: _____

mm/dd/yyyy

Airframe Total Time: 3,597.7 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: ACK

Model/Series: E-01-01 12.5

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: 030345

Battery Type: _____

Battery Exp. Date: 12/2023

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: McCaulley

Model: _____

Engine Rated Power Measured as (check one)

☒ Horsepower or
☐ lbs of Thrust

Total Time (hours)

Time Since Inspection (hours)

Time Since Overhaul (hours)

Date of Mfg. mm/dd/yyyy

Engine Model/Series

Manufacturer's Serial Number

Engine Engine Manufacturer

Eng. 1	<u>Lycoming</u>	<u>O-320-A1B</u>	<u>L-10349-27</u>	<u>01/06/1960</u>		<u>3,597.7</u>		<u>2,502.1</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Caleb Lowell HarmsFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: AnchorageState: AK ZIP: 99501Country: 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 _____

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)

- Left/Right wings • Fabric
 • Ribs
 • Leading edge
 • Rear struts
 • Flaps
 - Fuselage • Fabric
 • Struts/Repair
 - Cowling • Boot
 • nose bowl
 - Propeller • Spinner assembly
 • Prop
 - Windshield

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

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: 2850 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: PATK
 City: talkeetna
 State: AK
 Country: USA

Time of Departure

Time: 8:15am
 Time Zone: AKDT

Destination

Airport ID: PAMR
 City: Anchorage
 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 & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)

23 Gallons

Fuel Type

☒ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

None

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

Myself and One passenger exited through the front door

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: None

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**

+10 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**12,000 ft AGL**Ceiling Height**12,000 ft AGL**Wind Direction**☐ Indicated:90° degrees MAG☒ Variable**Wind Speed**Velocity: 5 KTS

-or-

☐ Calm☐ Light and Variable**Wind Gusts**Velocity: 12 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

None

Temperature: _____ (C)
or 48 (F)Altimeter Setting: 2,850 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: Caleb
 Middle Initial: L
 Last Name: Harms

City: Anchorage
 State: AK ZIP: 99507
 Country: USA

Age at time of Accident/Incident: 31 Date of Birth: [REDACTED] 1989 Certificate Number: [REDACTED]

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

10/21/2019
 mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Waivers

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

11/22/2019
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 150

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings SEL, Complex, Tailwheel

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	159.8	64.5	159.8	0	9.7		17.0			
Pilot in Command (PIC)	110.4	64.5	159.8	0	9.7					
Time as Instructor										
This Make/Model					.8					
Last 90 Days	63.9	63.9	63.9	0	.8					
Last 30 Days	30.5	30.5	30.5	0	.8					
Last 24 Hours	0	0	0	0	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: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____
Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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										
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		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious

Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious

Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious

Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ Unknown

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: <u>Cory</u> City: <u>Anchorage</u>	<u>F12</u>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐									
Middle Initial: _____ State: <u>AK</u> ZIP: <u>99507</u>												☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: <u>Kucera</u> Country: <u>USA</u>												☐	☐	☐	☐	☐	☐	☐	☐	☐
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: _____												☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

I walked the gravel bar to remove any and all logs/rocks of size and check wind direction. After determining departure direction, based on wind direction, I traveled to the other end of the gravel bar. I went through my check list confirming flight controls and gauges were operating correctly and set appropriately. Taking into account altitude and runway length, I determined I was safe for departure. On life off, after flying for a few seconds the plane began to descend. With plenty of runway left, I allowed the plane to bounce. The plane was airborne ~~again~~ for a few seconds and then started to descend again. Bouncing again, I was left with no runway. The plane was airborne and gaining altitude when for a third time it began to descend. This time coming down on much larger rocks, the plane lost substantial airspeed and I was forced to make a decision and choose between putting the plane down in the rocks/trees or in the river.

Location: $N60^{\circ}22,5218'$ $W147^{\circ}22.4076'$ Services obtained: None

Time/Date: 10:00am 8/22/20

Destination: PMR

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

Operator/Owner Safety Recommendation

- Cause of accident:

The 5-7 knot head wind switching on lift off to a stiff tail wind.

- How could this have been prevented?

By placing marking tape along the runway to show wind direction as I proceeded down the runway.

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

09/07/2020
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: 
Type or Print Name: Caleb L. Harms

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.
ANC20CA087Reviewed by NTSB Regional Office
ANCName of Investigator
Eric SwensonDate Report Received
09/10/2020