

# 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: Palmer State: AK  
 ZIP: 99645 Country: USA  
 Latitude: N61 27' 58" Longitude: W148 41' 08"  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 10/13/2019 Local Time: 1620  
*mm/dd/yyyy* Time Zone: UTC-8

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N7267A

Manufacturer: Cessna

Model: 172

Serial Number: 29367

Year of Manufacture: 1956

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

- ☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 2200 lbs

Weight at Time of Accident/Incident: 1778 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 1

### Category of Aircraft

- ☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift  
☐ Rocket  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate

*(Check all that apply)*

#### Standard

- ☒ Normal  
☐ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility

#### Special

- ☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight  
☐ Experimental  
☐ 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

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br><i>(hours)</i> | Time Since:<br>Inspection<br><i>(hours)</i> | Overhaul<br><i>(hours)</i> |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|----------------------------|
| Eng. 1 | Continental         | O-300-B             | 11626-D-6-B                  | 09/22/1956                        | 145                                                                                                  | 2891                         | 72                                          | 658                        |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                      |                              |                                             |                            |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                              |                                             |                            |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                              |                                             |                            |

### Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☒ Annual ☐ Unknown

Date Last Inspection: 05/05/2019  
*mm/dd/yyyy*

Airframe Total Time: 2818.85 hrs

hours measured at *(Select one)*

- ☒ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program *(Select one)*

- ☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

- ☐ None  
☒ Specify: Handheld

### Propeller 1

- ☒ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: McCauley

Model: 1A170/DM7649

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACK Technologies Inc

Model or Part No.: E-04

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (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

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: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: R&R Aircraft LLCCity: ChugiakFractional Ownership Aircraft: ☐ Yes ☒ NoState: AK ZIP: 99567Country: 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: \_\_\_\_\_

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: \_\_\_\_\_

Direction From Airport: \_\_\_\_\_ degrees true

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

Airport Elevation: \_\_\_\_\_ ft. msl

**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  
☐ 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 ☐ Unknown  
☐ Slush-Covered ☐ Vegetation

**Approach/Departure Segment (Select one)**

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

**IFR Approach (Check all that apply)**

- ☐ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice  
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS  
☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Visual  
☐ VOR/DME ☐ Localizer Only ☐ Contact  
☐ TACAN ☐ LOC-back course ☐ Circling  
☐ RNAV ☐ 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: Robert City of Residence: Chugiak  
 Middle Initial: W State: AK ZIP: 99567  
 Last Name: Wanner Country: USA  
 Age at time of Accident/Incident: 50 Date of Birth: 1969 mm/dd/yyyy  
 Certificate Number:                     

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                           |                                          | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single              |  | <b>Restraint Type</b><br><table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |  | Available | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|------|----------------------------|----------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|------------------------------------------|------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Used                                     |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> None               |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Lap only           |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> 3-point            |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input checked="" type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="radio"/> 4-point |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> 5-point            |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> Unknown            |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                          |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                |                                          | <b>Medical Certificate</b><br><input type="radio"/> None <input checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown |  | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                  |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                                                                                                                                             |  | <b>Date of Last Medical</b><br><u>12/20/2018</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |           |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |

### Medical Certificate Limitations

Must wear corrective lenses

### Medical Certificate Special Issuance

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

05/15/2018  
 mm/dd/yyyy

### Flight Review Aircraft

Make: Cessna  
 Model: 172

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Type Ratings

N/A

### Student Endorsements (Include dates)

N/A

| 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                                                  | 190          | 144               | 189                    | 0                    | 7     | 0          | 4         | 0          | 1      | 0                |
| Pilot in Command (PIC)                                      | 125          | 124               | 0                      | 0                    | 2     | 0          | 0         | 0          | 0      | 0                |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      | 7     | 0          | 4         |            |        |                  |
| Last 90 Days                                                | 26           | 26                | 26                     | 0                    | 2     | 0          | 0         | 0          | 0      | 0                |
| Last 30 Days                                                | 11           | 11                | 11                     | 0                    | 1     | 0          | 0         | 0          | 0      | 0                |
| Last 24 Hours                                               | 2            | 2                 | 2                      | 0                    | 0     | 0          | 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: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single              |                                      | <b>Restraint Type</b><br><table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |                                            | Available                                       | Used                                 | <input type="radio"/> None       | <input type="radio"/> None            | <input type="radio"/> Lap only             | <input type="radio"/> Lap only   | <input type="radio"/> 3-point    | <input type="radio"/> 3-point  | <input type="radio"/> 4-point            | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------------------------|----------------------------------|---------------------------------------|--------------------------------------------|----------------------------------|----------------------------------|--------------------------------|------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Used                                       |                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="radio"/> None                 |                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Lap only             |                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> 3-point              |                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> 4-point              |                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> 5-point              |                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> Unknown              |                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |                                            |                                                                                                                                                                                                                                                  |                                      | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial             | <input type="checkbox"/> US Military | <input type="checkbox"/> Private | <input type="checkbox"/> Recreational | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial                                                                                                                                                                                                              | <input type="checkbox"/> US Military |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport                                                                                                                                                                                                       | <input type="checkbox"/> Foreign     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                 |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown |                                      | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

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

### Flight Review Aircraft

Make: \_\_\_\_\_

Model: \_\_\_\_\_

|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> 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 CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None      <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial      <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                  |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None      <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial      <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                  |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Seat</b>                                                                                                                              | <b>Injury</b>                                                                                                                                              | <b>Restraint Type</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Inflatable Restraints</b>                                                                                                                                                                   | <b>Age</b>                                                                                                                                                                                                                     |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>4AK6</u><br>City: <u>Wasilla</u><br>State: <u>AK</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          | <b>Time of Departure</b><br>Time: <u>1440 Local</u><br>Time Zone: <u>UTC-8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | <b>Destination</b><br>Airport ID: <u>PABV</u><br>City: <u>Chugiak</u><br>State: <u>AK</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               | <b>Type Flight Plan Filed</b><br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> None<br/> <input type="radio"/> Company VFR<br/> <input type="radio"/> Military VFR<br/> <input type="radio"/> VFR               </div> <div> <input type="radio"/> VFR/IFR<br/> <input type="radio"/> IFR<br/> <input type="radio"/> Unknown               </div> </div> Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| <b>Type of ATC Clearance/Service</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div><input checked="" type="checkbox"/> None</div> <div><input type="checkbox"/> Special VFR</div> <div><input type="checkbox"/> Special IFR</div> <div><input type="checkbox"/> VFR Flight Following</div> <div><input type="checkbox"/> Cruise</div> <div><input type="checkbox"/> VFR</div> <div><input type="checkbox"/> IFR</div> <div><input type="checkbox"/> VFR On Top</div> <div><input type="checkbox"/> Traffic Advisory</div> <div><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div><input type="checkbox"/> Class A</div> <div><input checked="" type="checkbox"/> Class G</div> <div><input type="checkbox"/> Military Operations Area (MOA)</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Class B</div> <div><input type="checkbox"/> Demo Area</div> <div><input type="checkbox"/> Airport Advisory Area</div> <div><input type="checkbox"/> Air Traffic Control Area</div> <div><input type="checkbox"/> Class C</div> <div><input type="checkbox"/> Warning Area</div> <div><input type="checkbox"/> Jet Training Area</div> <div><input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Class D</div> <div><input type="checkbox"/> Prohibited Area</div> <div><input type="checkbox"/> TRSA</div> <div><input type="checkbox"/> FAR 93</div> <div><input type="checkbox"/> Class E</div> <div><input type="checkbox"/> Restricted Area</div> </div> |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Altitude of In-Flight Occurrence:</b><br><u>600</u> ft msl |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Source of Pilot Weather Information</b><br>(Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div><input type="checkbox"/> National Weather Service</div> <div><input type="checkbox"/> Company</div> <div><input checked="" type="checkbox"/> Flight Service Station</div> <div><input type="checkbox"/> Military</div> <div><input type="checkbox"/> TV/Radio</div> <div><input checked="" type="checkbox"/> Internet</div> <div><input checked="" type="checkbox"/> Automated Report</div> <div><input type="checkbox"/> None</div> <div><input type="checkbox"/> Commercial Weather Service (DUATS)</div> <div><input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> On-Board Weather</div> </div>                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: <u>PAAQ</u><br>Observation Time: <u>1653L</u><br>Time Zone: <u>UTC-8</u><br>Distance from Accident Site: <u>14</u> nm<br>Direction from Accident Site: <u>123</u> degrees true |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          | <b>Light Condition</b><br><div style="display: flex; justify-content: space-between;"> <div><input type="radio"/> Dawn</div> <div><input type="radio"/> Dusk</div> <div><input type="radio"/> Dark Night</div> <div><input type="radio"/> Unknown</div> </div> <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | <b>Temperature:</b> <u>5</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>-3</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>29.96</u> in. Hg<br>or _____ MB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Visibility</b> <u>unrestricted</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          | <b>Type of Precipitation</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div><input checked="" type="checkbox"/> None</div> <div><input type="checkbox"/> Drizzle</div> <div><input type="checkbox"/> Freezing Rain</div> <div><input type="checkbox"/> Rain</div> <div><input type="checkbox"/> Ice Pellets</div> <div><input type="checkbox"/> Snow Shower</div> <div><input type="checkbox"/> Snow</div> <div><input type="checkbox"/> Snow Pellets</div> <div><input type="checkbox"/> Ice Pellets Shower</div> <div><input type="checkbox"/> Hail</div> <div><input type="checkbox"/> Snow Grains</div> <div><input type="checkbox"/> Freezing Drizzle</div> <div><input type="checkbox"/> Rain Showers</div> <div><input type="checkbox"/> Ice Crystals</div> </div> |                                                                                                                                                                                                                                    | <b>Restriction to Visibility</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div><input checked="" type="checkbox"/> None</div> <div><input type="checkbox"/> Fog</div> <div><input type="checkbox"/> Blowing Dust</div> <div><input type="checkbox"/> Ground Fog</div> <div><input type="checkbox"/> Blowing Sand</div> <div><input type="checkbox"/> Haze</div> <div><input type="checkbox"/> Blowing Snow</div> <div><input type="checkbox"/> Ice Fog</div> <div><input type="checkbox"/> Blowing Spray</div> <div><input type="checkbox"/> Smoke</div> <div><input type="checkbox"/> Dust</div> <div><input type="checkbox"/> Unknown</div> </div> |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Icing Forecast</b><br><div style="display: flex;"> <div> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown               </div> <div> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown               </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          | <b>Icing Actual</b><br><div style="display: flex;"> <div> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown               </div> <div> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown               </div> </div>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | <b>Turbulence</b><br><b>Type</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div><input checked="" type="checkbox"/> None</div> <div><input type="checkbox"/> Clear Air</div> <div><input type="checkbox"/> Terrain-Induced</div> <div><input type="checkbox"/> Convective Turbulence</div> </div> <b>Severity</b> <div style="display: flex; flex-wrap: wrap;"> <div><input type="checkbox"/> Light</div> <div><input type="checkbox"/> Moderate</div> <div><input type="checkbox"/> Severe</div> <div><input type="checkbox"/> Extreme</div> </div>                                                                                                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

**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** (Use additional sheet if necessary)

The aircraft came to rest right side up with the right main gear and nose gear detached from the fuselage and resting within 10 feet. The left wing and right wing sustained damage along with the nose of the aircraft but remained intact and attached to the fuselage. The aircraft cabin and fuselage remained intact and did not sustained any ruptures and was not deformed. No other property was damaged.

**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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On 13 Oct 2019, I arrived at PABV (Birchwood) and prepared N7267A for flight by doing a thorough pre-flight. The aircraft had 40 gallons of fuel on-board. Upon completion of the preflight, engine start, taxi and engine run up and checks. I departed PABV for 4AK6 (Wolf Lake) around 1320 Local. I arrived at 4AK6 and shutdown. I met up with three other pilots that were going to the Knik Glacier area to practice soft field landings. After about 45 minutes I performed a walk around and started the engine, taxi and completed an engine run up and checks. Afterwards I depart 4AK6 around 1440. Upon departure I proceed towards the Kink Glacier at 3,000ft MSL. While flying direct towards the Knik Glacier, I dialed in PAAQ (Palmer) ASOS 134.75 to get the current weather and altimeter setting. Afterwards, I contacted Palmer FSS advising them I would be overflying the airfield, west to east at 3,000ft MSL. Upon entering the Knik Glacier area, I switched to CTAF 122.7. While in the Knik Glacier area I preformed three soft field landings to gravel strips. At the first strip, I made a full stop, taxied back to depart, and departed. At the second strip, I made a full stop and shutdown. The other three pilots full stopped and shutdown. After about 20 minutes I performed a walk around and started the engine, taxi and completed an engine run up and checks and then departed. At the third strip, I made a full stop and shutdown. The other three pilots had already full stopped and shutdown. After about 20 minutes I performed a walk around and started the engine, taxi and completed an engine run up and checks and then departed around 1600 Local. After departure, I performed approach to the same gravel strip that I just departed with a planned low approach. Afterwards I started to proceed back towards PABV. About 15 minutes after the planned low approach, while flying west bound on the north side of the river valley I experienced a rapid change in how the engine was operating. The engine started to run rough and the rpm rolled back. Immediately I applied carburetor heat, confirmed mixture was rich, check fuel tank levels and switched fuel selector from both to left tank, verified that there was oil pressure, that the mag switch was in both, and that the primer was in and locked. Engine did not respond to any of the corrective actions. Engine continued to run in a rough and very low rpm until a forced landing. While performing the corrective actions, I initiated a climb to establish a glide speed of 60 MPH. I made a radio call saying that I was having a engine problem and climbing. At that point, one of the pilots (pilot #1) position himself behind and above me and started to help find potential clearings in the brush cover river valley. At that point I saw a small clearing that had an all terrain vehicle path running down its length. I continued to fly the aircraft towards the small clearing. On very short final to small clearing, at about 15 feet AGL, the left wing struck a small tree, causing the aircraft to yaw left and touchdown nose low and in a crab. The nose low and crab force landing caused the right main gear and nose gear to separate and the right wing to strike the ground. After impact and coming to and complete stop, I turned off the master, mag switch and pulled the mixture lever. Removed my four point harness and then exited the aircraft utilizing pilot side door without incident. I stepped away from the aircraft and look up to see pilot #1 circling the area. I gave him the touchdown signal, indicating that I was OK. I then assessed the aircraft, checking to see if there was any fire and/or leaking fluids. Seeing no signs of fire and/or leaking fluids I reached into the cockpit and turned off the ELT that had been activated, also turning off all switches and placing the fuel tank selector into the off position. By this time, I saw pilot #2 circling overhead performing a Rescue CAP. Again, I stepped away from the airplane to gave him the touchdown signal, indicating that I was OK. After looking in the cowling I assessed that it would be safe to turn the master back on to make a brief radio call to the pilot #2 circling overhead. I was informed that pilot #1 had landed approx 1/4 mile to my west and was making his way to me on foot and he was in contact with him via a hand-held VHF radio. At that point I turned the master back off and walked to the edge of the clearing calling out to pilot #1 who was walking towards my direction. After joining up with pilot #1 and he was reassured that I was OK, we started to walk back to his aircraft. While walking back to his aircraft, I was able to receive a cell signal and I called my wife to let her know what had happened. She stated that the other member of R&R Aircraft LLC called to check on me. At the point I called the other member of R&R Aircraft LLC, who told me that they had received a call from the Alaska Rescue Coordination Center (AKRCC) who received the ELT signal and called the number registered to the ELT. The member who received the call knew that I was flying in the area and was preparing to go out to the area when I called. At that point he called the AKRCC providing the details of the incident, that I was uninjured, and currently being recovered and that no further support was required. After ensuring the airplane was secured, pilot #1 flew me back to PABV where then I returned home and called the NTSB 24-hour Response Operations Center.

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

Operator/Owner Safety Recommendation

Since I don't know yet why the engine malfunction/failure occurred, I can not provide any recommendations at this time.

**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.)*

Engine, Continental O-300-B, SN 11626-D-6-B. The engine started to run rough. Immediately applied carburetor heat, confirmed mixture was rich, check fuel tank levels and switched fuel selector from both to left tank, verified that there was oil pressure, that the mag switch was in both, and that the primer was in and locked. Engine did not respond to any of the corrective actions. Engine continued to run in a rough and very low rpm until a forced landing. Another aircraft in the area notice what look like small amounts of smoke trailing the aircraft.

**Total Time/Cycles  
On Part**2891 Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**72 / 658 Hours**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff***(Convert from pounds, as necessary)*24 Gallons Gallons**Fuel Type**☐ 80/87☐ 115/145☐ Jet B☒ Other, specify 50/50 100LL/Automotive☐ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive**Other Services, if Any, Prior to Departure**

None

**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

Pilot (sole occupant) exited aircraft utilizing pilot side door without incident.

**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**

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.

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

**Date of this Report**

10/18/2019

*mm/dd/yyyy*

**Name of Pilot/Operator:** Robert W. Wanner

**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.**

**Reviewed by NTSB Regional Office**

**Name of Investigator**

**Date Report Received**

**ADDITIONAL INFORMATION (Please type or print in ink)**

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

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

Date of this Report

10/19/2019

mm/dd/yyyy

Name of Pilot/Operator: Robert W. Wanner

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.  
ANC20LA002

Reviewed by NTSB Regional Office  
ANC

Name of Investigator  
Eric Swenson

Date Report Received  
10/19/2019