

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: Cape Yakataga State: AK
 ZIP: 99560 Country: USA
 Latitude: N 60 4' 52.921" Longitude: W 142 29' 12.75
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 10/10/2020 Local Time: 15:44
mm/dd/yyyy Time Zone: 07:44

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

AIRCRAFT INFORMATION

Registration Number: N96358

Manufacturer: Douglas

Model: C54E/DC4

Serial Number: 27284

Year of Manufacture: 1944

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 66670 lbs

Weight at Time of Accident/Incident: 62568 lbs

Number of Seats: 3 Flight Crew Seats: 2

Cabin Crew Seats: 1 Passenger Seats: 0

Number of Engines: 4

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
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None ☐ Unknown

Engine Type *(Select one)*

- ☒ Reciprocating
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

Fuel System Type *(Reciprocating)*

- ☒ Carburetor
- ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Pratt & Whitney	R2000 7M2	P100936	??/??/1940	1450	47.8	33846.4	47.8
Eng. 2	Pratt & Whitney	R2000 7M2	P107487	??/??/1940	1450	995.3	33846.4	995.3
Eng. 3	Pratt & Whitney	R2000 7M2	103276	??/??/1940	1450	930.8	33799.5	930.8
Eng. 4	Pratt & Whitney	R2000 7M2	BP701021	??/??/1940	1450	1028.1	33799.5	1028.1

Last Inspection Type

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

Date Last Inspection: 10/07/2020
mm/dd/yyyy

Airframe Total Time: 33718.40 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: MIP

Description of Fire Extinguishing System

- ☐ None
- ☒ Specify: C02 Manual Activation

Propeller 1

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: AKC

Model or Part No.: E04

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: Alaska Air FuelCity: WasillaState: AKZIP: 99654Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: 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: Cape Yakataga

Distance From Airport Center: _____ sm

Airport Identifier: CYT 0441

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

Runway InformationRunway ID: _____ (L/R/C) Length: 4350 ft Width: 150 ft**Runway/Landing Surface** (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

- ☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☒ Rough ☐ Snow-Wet ☒ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☒ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Bentley City of Residence: Palmer
 Middle Initial: W State: AK ZIP: 99645
 Last Name: Surdyk Country: USA
 Age at time of Accident/Incident: 60 Date of Birth: mm/dd/yyyy
 Certificate Number: mm/dd/yyyy

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer		Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Date of Last Medical <u>09/16/2019</u> mm/dd/yyyy

Medical Certificate Limitations

none

Medical Certificate Special Issuance

none

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 12/18/2019
 mm/dd/yyyy

Flight Review Aircraft

Make: Douglas
 Model: C54E/DC4

Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☒ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☒ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings

B-737
 C54/DC4

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	17,925	2,163	3,528	14,402	2,688	2,868	277	449	0	0
Pilot in Command (PIC)	13,748	665	3,483	13,748	2,581	2,108	139	449	0	0
Time as Instructor	3,893	0	150	3,743	337	0	3,743	0	0	0
This Make/Model					248	58	12			
Last 90 Days	207	207	25	237	28	6	0	0	0	0
Last 30 Days	56	56	8	68	10	2	0	0	0	0
Last 24 Hours	2	2	0	1	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: Harry City of Residence: Palmer
 Middle Initial: R State: AK ZIP: 99645
 Last Name: Secoy Country: USA
 Age at time of Accident/Incident: 59 Date of Birth: mm/dd/yyyy
 Certificate Number: mm/dd/yyyy

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☒ Right ☐ Rear
☐ Center ☐ Single

Restraint Type

Available
☐ None
☐ Lap only
☒ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used
☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☒ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers ☐ Unknown
☒ With limitations/waivers ☐ N/A
☐ Special Issuance

Date of Last Medical

08/11/2020
 mm/dd/yyyy

Medical Certificate Limitations

Holder shall possess glasses for near/ intermediate vision

Medical Certificate Special Issuance

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

12/18/2019
 mm/dd/yyyy

Flight Review Aircraft

Make: Douglas

Model: C54E/DC4

Airplane Rating(s) (Check all that apply)

☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☒ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☒ Airplane
☒ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☒ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

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	8,832	1,964	2,626	2,047	1,792	794	95	4,189	0	0
Pilot in Command (PIC)	2,620	0	2,586	83	1,317	794	95	4,189	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					256	49	0			
Last 90 Days	207	207	6	207	28	6	0	0	0	0
Last 30 Days	567	56	2	56	10	2	0	0	0	0
Last 24 Hours	2	2	0	2	0	0	0	0	0	0

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

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

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed	
Airport ID: <u>PAEN</u>	Time: <u>13:44</u>	Airport ID: <u>CYT</u>	☐ None	☐ VFR/IFR
City: <u>Kenai</u>		City: <u>Cape Yakataga</u>	☐ Company VFR	☐ IFR
State: <u>AK</u>	Time Zone: _____	State: <u>AK</u>	☐ Military VFR	☐ Unknown
Country: <u>USA</u>		Country: <u>USA</u>	☒ VFR	
			Activated?	☒ Yes ☐ No ☐ Unknown

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

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

Ground _____ ft msl

Source of Pilot Weather Information <i>(Check all that apply)</i>	Weather Observation Facility
☒ National Weather Service ☒ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Facility ID: <u>Kenai</u> Observation Time: <u>10:52 local</u> Time Zone: <u>Alaska</u> Distance from Accident Site: <u>256</u> nm Direction from Accident Site: <u>073</u> degrees true
☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	

☒ VMC
☐ IMC
☐ Unknown

☐ Dawn
 ☐ Dusk
 ☐ Dark Night
 ☐ Unknown
☒ Day
 ☐ Night
 ☐ Bright Night

☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

ft agl

☒ None (Clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

ft agl

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
or _____ MB

☐ Variable

-or-

Direction: degrees true

☐ Calm
☒ Light and Variable

-or-
Speed: _____ kts

☒ Not Gusting

-or-

Speed: _____ kts

Visibility	50+	miles
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RVR: feet

RVV: _____ miles

Density Altitude: _____ ft

☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

☒ None	☐ Fog
☐ Blowing Dust	☐ Ground Fog
☐ Blowing Sand	☐ Haze
☐ Blowing Snow	☐ Ice Fog
☐ Blowing Spray	☐ Smoke
☐ Dust	☐ Unknown

Amount	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Amount	Type
☒ None	☐ N/A
☐ Trace	☐ Rime
☐ Light	☐ Clear
☐ Moderate	☐ Mixed
☐ Severe	☐ Unknown
☐ Unknown	

Type (<i>Check all that apply</i>)	Severity
☒ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ Extreme

8

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)

Incident Damage: 1 blade bent on engine #1. 2 blades bent on engine #2. Nose gear collapsed.

Aircraft retrieval and repositioning damage: Top of aircraft damage. Nose gear removal. Damage to cabin and nose gear section caused by straps being positioned at non-structural positions.

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

10/10/20

0700: Duty day started after 12 hour rest period.

0730: Morning pre-briefing with First Officer on current weather conditions through FAA Aviation Weather Camera website; no mention of airport closure via NOTAM.

0800: Company reported they were enquiring on runway conditions, as this delivery had been delayed nearly 2 weeks due to rain. Company then reported they had made personal contact with the customer and was informed the airstrip was currently dry. The customer, a resident of Cape Yakataga, was unaware of the NOTAM closing the runway. He had stated that due to the volume of aircraft he has coming in and out of the strip, the airport manager normally updates him when NOTAMS are issued, but he had no information of a closure.

0830: Engine warm up: Operating temperatures reached, engines shut down.

0955: Wing fuel received (100LL); 670 gallons. Bulk fuel received soon after; HO#1 3200 gal.

1050: Obtained a formal flight briefing from Kenai Flight Service [REDACTED]. Weather was stated as VFR the entire route. I asked if there was anything special going on down there that I would need to be aware of and asked for terminal reports for both PACV and PACY. I was told it should be a beautiful day for a flight to Cape Yakataga. There was no mention of a NOTAM for runway closure concerning large aircraft. Flight plan filed.

1317: First officer contacted Kenai FSS, by phone, to activate the flight plan. There was no mention of a NOTAM closure of the airstrip.

1345: Aircraft run-up completed, and we departed. The flight was uneventful. As we neared the destination, we were communicating with a pilot identified only as "Steve" who said he believed there some type of "...warning out on Cape Yakataga, last week, due to an aircraft digging furrows at the strip." This information was consistent with the information we had previously about the strip condition being wet the prior week. Upon arrival at the destination an overflight (laterally and longitudinally) for visual inspection was made, which raised no concerns.

1554: Approach was made on profile with touchdown at the threshold (100 kts.), full flaps, and power off. Immediately upon touchdown the pilot, "Steve", announced that a friend just informed him the runway was closed to large aircraft. A go-around was not possible. Braking action was zero along the entire length of the runway, and it was clear that forward momentum could not be stopped, and I ordered the mixtures to cut-off, main fuel tanks off, and firewall handles to be pulled. The aircraft did not stop and proceeded to overrun the airstrip at a speed of 3-5kts.

The nose gear collapsed due to large logs of the end of the runway.

Company notified. Kenai FSS notified to close the flight plan. FAA and NTSB notified.

Some unavoidable damage occurred during the retrieval of the aircraft.

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

Operator/Owner Safety Recommendation

1. Had the Notam been included with the flight briefing, this flight would not have occurred.
2. The FAA website (avcams.faa.gov) which purports to inform pilots of airport information (visual/advisory weather/site info/METAR/Advisory Weather/PIREPs/AIRMETs/TAFs) should include the fact an airport is closed.
3. Airport Closure Notams for FAA airstrip should be published on civilian websites, and/or made more accessible.
4. Airstrip construction is faulty/defective. Altering the surface material of the runway to gravel would have prevented this incident.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

1120

Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

none

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

Main Cabin Door

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

Aircraft Registration Number

none

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report 10/15/2020
mm/dd/yyyy

Name of Pilot/Operator: Bentley W. Surdyk / Alaska Air Fuel

Signature: [REDACTED]

-- 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. ANC21LA001	Reviewed by NTSB Regional Office ANC	Name of Investigator Eric Swenson	Date Report Received 10/20/2020
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