

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: Anchorage State: AK

ZIP: 99508 Country: United States

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date: 04/15/2021 Local Time: 12:30
mm/dd/yyyy

Time Zone: AKST

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

AIRCRAFT INFORMATION

Registration Number: N714JE

Manufacturer: Cessna

Model: 185

Serial Number: _____

Year of Manufacture: _____

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____ Flight Crew seats: _____

Cabin Crew seats: _____ Passenger seats: _____

Number of Engines: _____

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

☐ Certificate of Authorization or Airframe (A)

☐ None

☐ Unknown

Landing Gear

(Check all that apply)

- ☐ Retractable
- ☐ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/heel
- ☐ Inter-aural/ecoer/ste
- ☐ None
- ☐ Unknown

Engine Type (Select one)

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

Fuel System Type (Select one)

- ☐ Carburetor
- ☒ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1								
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

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

Date Last Inspection: _____
mm/dd/yyyy

Airframe Total Time: _____ 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: _____

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: _____

Model or Part No.: _____

TSO No.: ☐ 91 (121.5 MHz) ☐ 91a (121.5 MHz)
☐ 126 (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 Multi-function Display
- ☐ Electronic Primary Flight Display
- ☐ Handheld P
- ☐ Heads Up Display
- ☐ Inboard Seat
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: _____

City: _____

Fractional Ownership Aircraft: ☐ Yes ☐ No

State: _____ ZIP: _____

Country: _____

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 (FA 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FA 129)
☐ Motorcraft External Load (FA 133)
☐ Commuter Air Carrier (FA 135)
☐ On-Demand Air Taxi (FA 135)
☐ Commercial Air Tour (FA 136)
☐ Agricultural Aircraft (FA 137)
☐ Pilot School (FA 141)
☐ Certificate of Authorization for Aerobatics (A)
☐ Commercial Space Transportation
Experimental Permit
☐ Commercial Space Transportation License
☐ Transport Category 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 Contractual

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

(Select one)

- ☐ Aerial Application ☐ Fire Fighting ☐ Unknown
☐ Aerial Stunting ☐ Flight Test
☐ Air Drop ☐ Glider
☐ Air Race/Show ☐ Instructional
☐ Banner Pull ☐ Aerobatics Use
☐ Business ☐ Personal
☐ Executive/Corporate ☐
Positioning ☐ External Load ☐ Landing
☐ 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: Merrill Field

Distance From Airport Center: _____ sm

Airport Identifier: PAMR

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

Runway InformationRunway ID: 25 (L/R/C) Length: 4000 ft Width: 100 ft**Condition of Runway/Landing Surface** (Check all that apply)**Runway/Landing Surface** (Check all that apply)

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

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

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VF Departure ☐ On Instrument Approach ☐ Downwind ☐ Visual Approach
☐ Takeoff ☐ IF Departure Procedure/ Clearance ☒ Landing ☐ Base ☐ Around
☐ Initial Climb ☐ Final ☐ Arrived Landing (after touch down)
☐ 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

IFLIGHT CREWMEMBER 1 INFORMATION

IFlight Crewmember 1 Responsibilities at the Time of Accident/Incident

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

IFlight Crewmember 1 was pilot flying ☐ Yes ☐ No

IFlight Crewmember 1 Identification

First Name: _____ it o esidence: _____
 Middle Initial: _____ tate: _____ ZIP: _____
 Last Name: _____ ountry : _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <td>Available</td> <td>Used</td> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3 point</td> <td>☐ 3 point</td> </tr> <tr> <td>☐ 4 point</td> <td>☐ 4 point</td> </tr> <tr> <td>☐ 5 point</td> <td>☐ 5 point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3 point	☐ 3 point	☐ 4 point	☐ 4 point	☐ 5 point	☐ 5 point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Available	Used																				
☐ None	☐ None																				
☐ Lap only	☐ Lap only																				
☐ 3 point	☐ 3 point																				
☐ 4 point	☐ 4 point																				
☐ 5 point	☐ 5 point																				
☐ Unknown	☐ Unknown																				
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td>☐ None</td> <td>☐ Flight Instructor</td> <td>☐ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☐ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>				☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military	☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign	☐ Student	☐ Sport	☐ Flight Engineer							
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☐ 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 _____ 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: _____

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

Student Endorsements (Include dates)

Flight Time (note appropriate number of hours in each row)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

FLIGHT CREWMEMBER INFORMATION

Flight Crewmember Responsibilities at the Time of Accident/Incident

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

Flight Crewmember was pilot flying ☐ Yes ☐ No

Flight Crewmember Identification

First Name: _____ Home Address: _____

Middle Initial: _____ Date: _____ ZIP: _____

Last Name: _____ Country: _____

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

Certificate Number: _____

Degree of Injury ☐ None ☐ Fatal ☒ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3 point</td> <td>☒ 3 point</td> </tr> <tr> <td>☐ 4 point</td> <td>☐ 4 point</td> </tr> <tr> <td>☐ 5 point</td> <td>☐ 5 point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☒ 3 point	☒ 3 point	☐ 4 point	☐ 4 point	☐ 5 point	☐ 5 point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
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☐ 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 _____ 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: _____

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

Student Endorsements (Include dates)

Flight Time (note appropriate notation in each column)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ it o esidence: _____ Middle Initial: _____ tate: _____ ZIP: _____ Last Name: _____ ountr : _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ 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: A ailable Used ☐ None ☐ None ☐ ap n1 ☐ ap n1 ☐ 3 point ☐ 3 point ☐ 4 point ☐ 4 point ☐ 5 point ☐ 5 point ☐ Unkno n ☐ Unkno n		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ it o esidence: _____ Middle Initial: _____ tate: _____ ZIP: _____ Last Name: _____ ountr : _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ 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: A ailable Used ☐ None ☐ None ☐ ap n1 ☐ ap n1 ☐ 3 point ☐ 3 point ☐ 4 point ☐ 4 point ☐ 5 point ☐ 5 point ☐ Unkno n ☐ Unkno n		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	In ur	estRAINT T pe		Inflatable Restraints
First Name: <u>Jackson Riley</u> it : <u>Monroe</u> Middle Initial: <u>F</u> tate: <u>VA</u> ZIP: <u>2 4 5 7 4</u> Last Name: <u>Wilson</u> ountr : <u>United Sates</u> ☐ Crew ☒ Passenger ☐ Other		☐ Left ☐ Center ☒ Right ☐ Unknown	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	A ailable Used ☐ None ☐ None ☐ ap n1 ☐ ap n1 ☒ 3 point ☒ 3 point ☐ 4 point ☐ 4 point ☐ 5 point ☐ 5 point ☐ Unkno n ☐ Unkno n		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: _____ it : _____ Middle Initial: _____ tate: _____ ZIP: _____ Last Name: _____ ountr : _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	A ailable Used ☐ None ☐ None ☐ ap n1 ☐ ap n1 ☐ 3 point ☐ 3 point ☐ 4 point ☐ 4 point ☐ 5 point ☐ 5 point ☐ Unkno n ☐ Unkno n		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: _____ it : _____ Middle Initial: _____ tate: _____ ZIP: _____ Last Name: _____ ountr : _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	A ailable Used ☐ None ☐ None ☐ ap n1 ☐ ap n1 ☐ 3 point ☐ 3 point ☐ 4 point ☐ 4 point ☐ 5 point ☐ 5 point ☐ Unkno n ☐ Unkno n		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: _____ it : _____ Middle Initial: _____ tate: _____ ZIP: _____ Last Name: _____ ountr : _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	A ailable Used ☐ None ☐ None ☐ ap n1 ☐ ap n1 ☐ 3 point ☐ 3 point ☐ 4 point ☐ 4 point ☐ 5 point ☐ 5 point ☐ Unkno n ☐ Unkno n		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PAMR</u> City: <u>Anchorage</u> State: <u>AK</u> Country: <u>United States</u>	Time of Departure Time: <u>12:10</u> Time Zone: <u>AKST</u>	Destination Airport ID: <u>PAMR</u> City: <u>Anchorage</u> State: <u>AK</u> Country: <u>United States</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Training Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93			Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ In Board Weather		Weather Observation Facility Facility ID: _____ Observation _____ Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VM ☐ IM ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition _____ ft agl		Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl	
Wind Direction ☐ Variable -or- Direction: _____ degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☐ Not Gusting -or- Speed: _____ kts
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☐ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	
Visibility _____ miles V: _____ feet VV: _____ miles Density Altitude: _____ ft		Restriction to Visibility (Check all that apply) ☐ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☐ Terrain Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme			

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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)

Damage was done to the engine, propeller, wings, and tail.

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.

I was contacted by Mark Allred the night of 04/14/2021 to see if I would ride along with him in his aircraft while he did laps in the pattern at Merrill Field. I was not there to be an instructor or PIC; I was just there to be a second opinion on his flight. During a phone call with Mark, Mark told me the plane had been having issues with the landing gear. The plane tended to want to drag him off to the right of the runway. He said he had gotten the issue fixed but was still feeling like it was pulling to the right the day before. Therefore, he wanted a second opinion on the issue. I told Mark I would go ride with him while he did pattern work to see what I thought about this issue. I informed Mark that I had no 185 experience only 170 and 180 time. He said he would still like my opinion on the issue being that I do have some tail wheel experience. On 04/15/2021 Mark texted me and asked me when I could fly. I told him I had a lunch break from 12-2. Mark and his friend Scott Loveless meet me at my place of employment to go fly while I was on my lunch break. We taxied out to Runway 25 to begin doing pattern work. After we got our clearance for takeoff we taxied out on the runway and Mark gave the aircraft full power. On the takeoff roll after the tail left the ground, I could tell the plane was pulling hard to the right instead of the left like the airplane should have been doing. It felt like it took more left rudder than it should to keep the aircraft on centerline. Mark and I made a couple comments about this on takeoff, but we thought nothing was wrong at this point. We requested a stop and go on 25. The plane was flying fine, and we made a nice wheel landing. As soon as the weight was on the wheels the plane veered sharply towards the right side of the runway without the tail being on the ground. The plane right veering turn was so bad that at one moment we were looking down the runway and the next moment we were looking at the right side of the runway at a snowbank. Mark and I both were pushing on the left rudder with abnormal amounts of pressure to get the aircraft back on the runway and ended up in takeoff again because we could not make a full stop. Mark and I talked all the way around the pattern about how bad the veering was on the aircraft. On our last attempt at landing, we came in to do another wheel landing. As soon as we touched down again the plane veered sharply towards the right of the runway. Mark and I both tried to get the aircraft back on the runway to stop the plane. At this point we ran out of left rudder authority to try to save it and the plane took us off the right side of the runway. This is when we hit the snowbank and the aircraft flipped over on its back. Mark and Scott were both fine after the accident. I managed to hit my head on the dash, but I was ok. I only sustained a cut on my forehead. I think we were lucky on the first landing to not have crashed because of this veering action. After we got out the plane and started to look around, we saw the skid marks on the pavement made by the left tire. The skid marks showed the tire was wobbling back and forth on the pavement. The FAA Aviation Safety Inspector Ben Herning was talking to us about what happened, and he suggested the gear was not toed in right or shimmed right looking at the skid marks. He also stated that we did everything we could to keep this aircraft from veering off the runway but just ran out of space. I do believe Mark and I used all our training and experience to keep this plane from veering off, but in the end could not overcome the forces that caused this incident.

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

Operator/Owner Safety Recommendation

After being in this accident I feel further maintenance should have been performed on this aircraft.

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.)

From what I have gathered and experienced from this accident I can tell something was not right with the landing gear system on the plane. I do believe the plane's gear was possibly not shimmed the right way in maintenance or they did not toe the wheels right. That is what caused our veering action on the runway and caused us to have this accident. The FAA inspector Ben Herning said there is something wrong with the gear on this plane because of the skid marks left on the ground and the way the plane left the runway.

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)

_____ Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

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

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

We were all able to unbuckle and were all able to exit out of the doors.

OTHER AIRCRAFT ñ 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: _____

Address: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

Address: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

-age: 22
-License/ratings:
Commercial Single/ Multi
Certified Flight Instructor
Instrument Rated
- Certificate Number [REDACTED]
-date of last BFR or check ride: February 3, 2020
-date of last medical: First Class 08/24/2017
-Total hours: 844.2
-SE hours: 812.5
-ME hours: 31.7
-SE dual given: 508.2
-PIC -760.2
-TW time- 27.4
- Types and Time
Cessna 172- 754.6
Cessna 182- 30.5
Cessna 170- 18.9
Cessna 180- 8.5
Piper Seminole PA-44- 31.7

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

Date of this Report

04/25/2021

mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-- or -- ☐ eck ere to electronicall sign t is docu ent**If a Person Other than Pilot/Operator is Filing eport**Name: Jackson Riley Fogle Wilson

Title: _____

Signature: _____

-- or -- ☐ eck ere to electronicall sign t is docu ent**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ANC21LA031

Reviewed by NTSB Regional Office

ANC

Name of Investigator

Eric Swenson

Date Report Received

04/25/2021