

# 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: North Pole State: AK

ZIP: 99705 Country: USA

Latitude: 64-49-58.468N Longitude: 147.25-28.716W

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 07/01/2021 Local Time: ~ 2:00 pm

mm/dd/yyyy

Time Zone: AK

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

## AIRCRAFT INFORMATION

Registration Number: N2746D

Manufacturer: Cessna

Model: 1952 Cessna 170B

Serial Number: 25288

Year of Manufacture: 1952

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

☐ IFR-Equipped and Certified EMPTY WT 1206  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 2200 lbs Estimation

Weight at Time of Accident/Incident: 2213 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 3

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)

- |                                            |                                                   |
|--------------------------------------------|---------------------------------------------------|
| <b>Standard</b>                            | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|                                            | <input type="checkbox"/> Experimental Light-Sport |
- ☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear

(Check all that apply)

- ☐ Retractable
- |                                          |                                               |
|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Tricycle        | <input checked="" type="checkbox"/> Tailwheel |
| <input type="checkbox"/> Amphibian       | <input type="checkbox"/> High Skid            |
| <input type="checkbox"/> Emergency Float | <input type="checkbox"/> Skid                 |
| <input type="checkbox"/> Float           | <input type="checkbox"/> Ski                  |
| <input type="checkbox"/> Hull            | <input type="checkbox"/> Ski/Wheel            |
- ☐ Other Launch/Recovery System  
☐ None ☐ Unknown

### Engine Type (Select one)

- |                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |

### Fuel System Type (Reciprocating)

- ☐ Carburetor ☒ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm dd yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>IO-360-N1A</u>   | <u>L-3269-51A</u>            | <u>7/14/2009</u>        | <u>180 HP</u>                                                                                        | <u>378.72</u>      | <u>1060</u>                    | <u>0</u>         |
| Eng. 2 |                     |                     |                              |                         |                                                                                                      |                    |                                |                  |
| Eng. 3 |                     |                     |                              |                         |                                                                                                      |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                         |                                                                                                      |                    |                                |                  |

### Last Inspection Type

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

Date Last Inspection: 01/12/2021

mm/dd/yyyy

Airframe Total Time: 3856.69 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: HARTZELL

Model: HC 2YR7-188

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACKE-04

Model or Part No.: ACK 406-1215

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)  
☒ OC126 (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: DESTROYED IN FIRE

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>EVAN WHEELER</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City: <u>NORTH POLE</u><br>State: <u>AK</u> ZIP: <u>99705</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: <u>EVAN WHEELER</u><br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Same Address as Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br>Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft                                                                                                    | <b>Regulation Flight Conducted Under</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> FAR 91<br/> <input type="radio"/> FAR 103<br/> <input type="radio"/> FAR 121<br/> <input type="radio"/> FAR 125             </div> <div style="width: 33%;"> <input type="radio"/> FAR 129<br/> <input type="radio"/> FAR 133<br/> <input type="radio"/> FAR 135<br/> <input type="radio"/> FAR 137             </div> <div style="width: 33%;"> <input type="radio"/> FAR 415<br/> <input type="radio"/> FAR 431<br/> <input type="radio"/> FAR 435<br/> <input type="radio"/> FAR 437             </div> </div> <input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter<br/> <input type="radio"/> Non-Scheduled or Air Taxi             </div> <div> <input type="radio"/> Domestic<br/> <input type="radio"/> International             </div> </div><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only<br><br><b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Aerial Application<br/> <input type="radio"/> Aerial Observation<br/> <input type="radio"/> Air Drop<br/> <input type="radio"/> Air Race/Show<br/> <input type="radio"/> Banner Tow<br/> <input type="radio"/> Business<br/> <input type="radio"/> Executive/Corporate<br/> <input type="radio"/> External Load<br/> <input type="radio"/> Ferry             </div> <div> <input type="radio"/> Firefighting<br/> <input type="radio"/> Flight Test<br/> <input type="radio"/> Glider Tow<br/> <input type="radio"/> Instructional<br/> <input type="radio"/> Other Work Use<br/> <input type="radio"/> Personal<br/> <input type="radio"/> Positioning<br/> <input type="radio"/> Skydiving             </div> <div> <input type="radio"/> Unknown             </div> </div> |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Airport Name: <u>DALRYMPLE AIRPORT</u><br>Airport Identifier: <u>31AK</u><br>Proximity to Airport: <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Distance From Airport Center: _____ sm<br>Direction From Airport: _____ degrees true<br>Airport Elevation: _____ ft msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Runway Information</b><br>Runway ID: <u>6/24</u> (L/R/C) Length: <u>2400</u> ft Width: <u>100</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Dry<br/> <input type="checkbox"/> Holes<br/> <input type="checkbox"/> Ice Covered<br/> <input type="checkbox"/> Rough<br/> <input type="checkbox"/> Rubber Deposits<br/> <input type="checkbox"/> Slush-Covered             </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted<br/> <input type="checkbox"/> Snow-Crusted<br/> <input type="checkbox"/> Snow-Dry<br/> <input type="checkbox"/> Snow-Wet<br/> <input type="checkbox"/> Soft<br/> <input type="checkbox"/> Vegetation             </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm<br/> <input type="checkbox"/> Water-Choppy<br/> <input type="checkbox"/> Water-Glassy<br/> <input type="checkbox"/> Wet<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> Asphalt<br/> <input type="checkbox"/> Concrete<br/> <input type="checkbox"/> Dirt             </div> <div style="width: 25%;"> <input checked="" type="checkbox"/> Grass/Turf<br/> <input type="checkbox"/> Gravel<br/> <input type="checkbox"/> Ice             </div> <div style="width: 25%;"> <input type="checkbox"/> Macadam<br/> <input type="checkbox"/> Metal/Wood<br/> <input type="checkbox"/> Snow             </div> <div style="width: 25%;"> <input type="checkbox"/> Water<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi<br/> <input checked="" type="radio"/> Takeoff<br/> <input type="radio"/> Initial Climb             </div> <div style="width: 25%;"> <input checked="" type="radio"/> VFR Departure<br/> <input type="radio"/> IFR Departure Procedure/Clearance             </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach<br/> <input type="radio"/> Landing             </div> <div style="width: 25%;"> <input type="radio"/> Downwind<br/> <input type="radio"/> Base<br/> <input type="radio"/> Final<br/> <input type="radio"/> Crosswind             </div> <div style="width: 25%;"> <input type="radio"/> Low Approach<br/> <input type="radio"/> Go Around<br/> <input type="radio"/> Aborted Landing (after touchdown)<br/> <input type="radio"/> Unknown             </div> </div>                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> ADF/NDB<br/> <input type="checkbox"/> SDF<br/> <input type="checkbox"/> VOR/TVOR<br/> <input type="checkbox"/> VOR/DME<br/> <input type="checkbox"/> TACAN             </div> <div style="width: 25%;"> <input type="checkbox"/> PAR<br/> <input type="checkbox"/> Sidestep<br/> <input type="checkbox"/> ILS<br/> <input type="checkbox"/> Localizer Only<br/> <input type="checkbox"/> LOC-back course<br/> <input type="checkbox"/> RNAV             </div> <div style="width: 25%;"> <input type="checkbox"/> MLS<br/> <input type="checkbox"/> LDA<br/> <input type="checkbox"/> ASR<br/> <input type="checkbox"/> Visual<br/> <input type="checkbox"/> Contact<br/> <input type="checkbox"/> Circling             </div> <div style="width: 25%;"> <input type="checkbox"/> Practice<br/> <input type="checkbox"/> GPS<br/> <input type="checkbox"/> Unknown             </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Traffic Pattern<br/> <input type="checkbox"/> Straight-In<br/> <input type="checkbox"/> Valley/Terrain Following<br/> <input type="checkbox"/> Go Around<br/> <input type="checkbox"/> Full Stop             </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go<br/> <input type="checkbox"/> Touch and Go<br/> <input type="checkbox"/> Simulated Forced Landing<br/> <input type="checkbox"/> Forced Landing<br/> <input type="checkbox"/> Precautionary Landing<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

# "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: EVAN WHEELER

City of Residence: NORTH POLE

Middle Initial: L

State: AK

ZIP: 99705

Last Name: WHEELER

Country: USA

Age at time of Accident/Incident: 63    Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

## Degree of Injury

☐ None    ☐ Fatal  
☐ Minor    ☐ Unknown  
☒ Serious    BURNS

## 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

08/06/2019  
mm/dd/yyyy

## Medical Certificate Limitations

NONE

## Medical Certificate Special Issuance

NONE

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

June 2016  
mm/dd/yyyy

## Flight Review Aircraft

Make: PA-18 (Piper)  
Model: PA-18

## 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             | 3400         | 400               | 7400                   |                      | 300   |            |           |            |        |                  |
| Pilot in Command (PIC) | 3400         | 400               | 3400                   |                      | 300   |            |           |            |        |                  |
| Time as Instructor     | 0            | 0                 | 0                      | 0                    |       |            |           |            |        |                  |
| This Make/Model        |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days           | 30 hrs 15    |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days           | 15 hrs 10    |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours          | 0            | 0                 |                        |                      |       |            |           |            |        |                  |

Estimation  
Log Book  
DESTROYED IN FIRE

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                     |  |            |  |        |  |                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|------------|--|--------|--|------------------|--|
| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                     |  |            |  |        |  |                  |  |
| <b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                     |  |            |  |        |  |                  |  |
| <b>"Flight Crewmember 2" Identification</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br>Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy<br>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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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               </td> <td style="width: 50%; vertical-align: top;"> <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               </td> </tr> </table> |  |                      | <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 | <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>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 |                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                     |  |            |  |        |  |                  |  |
| <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 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>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                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                     |  |            |  |        |  |                  |  |
| <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 Limitations</b><br><div style="height: 40px; border: 1px solid black;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                      | <b>Medical Certificate Special Issuance</b><br><div style="height: 40px; border: 1px solid black;"></div>                                                                                                                                                               |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                     |  |            |  |        |  |                  |  |
| <b>Date of Last Flight Review or Equivalent, including FAR 121/135 Checks:</b> _____ mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |  | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      | <b>Airplane Rating(s)</b> (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> (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> (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> (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                                                              |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                     |  |            |  |        |  |                  |  |
| <b>Type Ratings</b><br><div style="height: 40px; border: 1px solid black;"></div>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |  | <b>Student Endorsements</b> (Include dates)<br><div style="height: 40px; border: 1px solid black;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                      | <b>Flight Time</b> (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 |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                | Actual    Simulated |  |            |  |        |  |                  |  |
| 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) (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div> |  |  |                                                                                                                                          | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="width: 50%;"> <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="width: 50%;"> <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) (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div> |  |  |                                                                                                                                          | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="width: 50%;"> <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="width: 50%;"> <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 checked="" 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: <u>CHRISTIAN</u> City: <u>North Pole</u><br>Middle Initial: _____ State: <u>AK</u> ZIP: <u>99705</u><br>Last Name: <u>SMOTHERS</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-between;"> <span><input type="radio"/> Crew</span> <span><input checked="" type="radio"/> Passenger</span> <span><input type="radio"/> Other</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <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 checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input checked="" 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 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 | <input type="checkbox"/> Under 5 years<br>If Under 5:<br><input type="radio"/> Child Restraint<br><input checked="" type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: <u>SHERI</u> City: <u>North Pole</u><br>Middle Initial: <u>R</u> State: <u>AK</u> ZIP: <u>99705</u><br>Last Name: <u>WHEELER</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-between;"> <span><input type="radio"/> Crew</span> <span><input checked="" type="radio"/> Passenger</span> <span><input type="radio"/> Other</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <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 checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                | <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 | <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: <u>MYA</u> City: <u>FAIRBANK</u><br>Middle Initial: _____ State: <u>AK</u> ZIP: <u>99709</u><br>Last Name: <u>SMOTHERS</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-between;"> <span><input type="radio"/> Crew</span> <span><input checked="" type="radio"/> Passenger</span> <span><input type="radio"/> Other</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | <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 checked="" 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<br><b>Used</b><br><input type="radio"/> None<br><input checked="" 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 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 | <input type="checkbox"/> Under 5 years<br>If Under 5:<br><input type="radio"/> Child Restraint<br><input checked="" type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between;"> <span><input type="radio"/> Crew</span> <span><input type="radio"/> Passenger</span> <span><input type="radio"/> Other</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  | <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<br><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>31 AK</u><br>City: <u>NORTH POLE</u><br>State: <u>AK</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Time of Departure</b><br>Time: <u>2:30</u><br>Time Zone: <u>AK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                | <b>Destination</b><br>Airport ID: <u>4 AK5</u><br>City: <u>Mentkamen LAKE</u><br>State: <u>AK</u><br>Country: <u>USA</u> |
| <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                          |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Special VFR</div> <div style="width: 50%;"><input type="checkbox"/> Special IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 50%;"><input type="checkbox"/> Cruise</div> <div style="width: 50%;"><input type="checkbox"/> VFR</div> <div style="width: 50%;"><input type="checkbox"/> IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 50%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 50%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                          |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Class A<br/> <input type="checkbox"/> Class B<br/> <input type="checkbox"/> Class C<br/> <input checked="" type="checkbox"/> Class D<br/> <input type="checkbox"/> Class E             </div> <div style="width: 50%;"> <input type="checkbox"/> Class G<br/> <input type="checkbox"/> Demo Area<br/> <input type="checkbox"/> Warning Area<br/> <input type="checkbox"/> Prohibited Area<br/> <input type="checkbox"/> Restricted Area             </div> <div style="width: 50%;"> <input type="checkbox"/> Military Operations Area (MOA)<br/> <input type="checkbox"/> Airport Advisory Area<br/> <input type="checkbox"/> Jet Training Area<br/> <input type="checkbox"/> TRSA<br/> <input type="checkbox"/> FAR 93             </div> <div style="width: 50%;"> <input type="checkbox"/> Special<br/> <input type="checkbox"/> Air Traffic Control Area<br/> <input type="checkbox"/> Unknown             </div> </div> <b>Altitude of In-Flight Occurrence:</b> _____ ft msl |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                          |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                          |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: <u>AK Weather Aviation Weather</u><br>Observation Time: <u>1:30 pm</u><br>Time Zone: <u>AK</u><br>Distance from Accident Site: <u>4 miles</u> nm<br>Direction from Accident Site: <u>270°</u> degrees true |                                                                                                                          |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VFR<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><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>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>90°</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>3</u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                         |
| <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 (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                                                                                                                                                                                |                                                                                                                          |
| <b>Icing Forecast</b><br>Amount: <input checked="" type="radio"/> None      Type: <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Icing Actual</b><br>Amount: <input checked="" type="radio"/> None      Type: <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                |                                                                                                                          |
| <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Turbulence</b><br>Type (Check all that apply): <input checked="" type="checkbox"/> None      Severity: <input type="checkbox"/> Light<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe<br><input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                          |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                          |

Pre flight obtained from (At Aviation weather)

## 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)

Destroyed by FIRE

DAIRymple 31AK

~~MAINT/DONE~~ DIRECT to Hankowen LAKE 4AKS → 31AK

## 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.

PRE Flight check. ~~we~~ Full of FUEL ON Rt. Lt. mains: AUXiliary (TAN)  
Completed Runup including mag check, Prop Run up,  
Fuel selector ON Both, Full Rich mixture,  
Prop control pushed in for take off, 1 notch of Flap  
at initial roll out. Departure time  $\approx$  2:00 pm.  
FRO ON Runway 6 with full throttle Engaged. At  
40-45 <sub>mph</sub> Added 2nd Notch of flap and climbed  
to TREE TOP level (after using 1000 ft of  
Runway) during the final 1000 ft  
I was unable to INCREASE Airspeed or  
Alt. without OVERLY INCREASING the Angle  
of Attack. I'm not sure why ~~we~~ the Aircraft  
was not ~~climbing~~ or performing as it was  
difficult to hear the engine & NOISE Cancellation  
Headsets ON. At the Last 300 ft we were not  
going to clear TREES ON the End of Runway so  
I pulled Full flaps, slowed as slow as  
I could and Braced for Impact. We were

slowed to Right of stall & full flaps or 40 mph  
AIRCRAFT settled in between TREES 200ft past Runway ~~ended~~  
cockpit intact and caught on fire - we all escaped  
But sustained ~~and fuel~~ sustained ~~tree~~ and 0 damage

| RECOMMENDATION (How could this accident/incident have been prevented?)                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator/Owner Safety Recommendation<br><br><div style="font-size: 1.2em; margin-top: 20px;">           ? UNKNOWN - UNDER investigation by<br/>the FAA         </div>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</small><br><br><div style="font-size: 1.2em; margin-top: 20px;">           UNKNOWN - Under investigation by<br/>FAA         </div>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            | <div style="border: 1px solid black; padding: 2px;"> <b>Total Time/Cycles On Part</b><br/><br/>           _____ Hours<br/>           _____ Cycles         </div> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <b>Time Since This Part Inspected/Overhauled</b><br/><br/>           _____ Hours         </div> |
| FUEL & SERVICES INFORMATION                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| <b>Fuel on Board at Last Takeoff</b><br><small>(Convert from pounds, as necessary)</small><br><br><div style="font-size: 1.2em; margin-top: 10px;">           59 Gallons         </div>                                                                                                                                                             | <b>Fuel Type</b><br><div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <input type="radio"/> 80/87<br/> <input checked="" type="radio"/> 100 Low Lead<br/> <input type="radio"/> 100/130         </div> <div> <input type="radio"/> 115/145<br/> <input type="radio"/> Jet A<br/> <input type="radio"/> Jet A-1         </div> <div> <input type="radio"/> Jet B<br/> <input type="radio"/> JP8<br/> <input type="radio"/> Automotive         </div> <div> <input type="radio"/> Other, specify _____         </div> </div> |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| <b>Other Services, if Any, Prior to Departure</b><br><br><div style="height: 40px; border: 1px solid black;"></div>                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| EVACUATION OF AIRCRAFT                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| <b>Method of Exit</b> - Describe how the occupants exited and how many occupants evacuated each location<br><div style="font-size: 1.2em; margin-top: 10px;">           All FOUR occupants EXITED out the passenger (Lt side)<br/>           as the Rt side DOOR was BLOCKED by a TREE<br/>           While the AIRCRAFT WAS BURNING         </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |
| <b>Aircraft Registration Number</b><br>_____                                                                                                                                                                                                                                                                                                        | <b>Manufacturer:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None |                                                                                                                                                                                                                                                                                                                                         |
| <b>Registered Owner of Other Aircraft</b><br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Pilot of Other Aircraft</b><br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>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

08/07/2021  
mm/dd/yyyy

Name of Pilot/Operator

GUAN L. WHEELERSignature: 

- or -

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: N/A

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

- or -

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**NTSB Accident/Incident No.  
ANC21LA056

Reviewed by NTSB Regional Office

ANC

Name of Investigator  
E. SwensonDate Report Received  
08/26/2021