

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: Yakutat State: AK
ZIP: 99689 Country: USA
Latitude: N 59.09652° Longitude: W 138°28'47"
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 09/29/2022 Local Time: 1900
Time Zone: AK

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

AIRCRAFT INFORMATION

Registration Number: N703TH
Manufacturer: De Havilland
Model: DHC-3
Serial Number: 456
Year of Manufacture: 1966
Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Make: ☐ Original Design

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

Maximum Gross Weight: 8000 lbs
Weight at Time of Accident/Incident: 7885 lbs
Number of Seats: 11 Flight Crew Seats: 2
Cabin Crew Seats: 0 Passenger Seats: 9
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) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☐ Retractable ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Other Launch/Recovery System ☐ None ☐ Unknown	Engine Type (Select one) ☐ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☒ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Reciprocating) ☐ Carburetor ☒ Fuel-Injected
Standard	Special																		
☒ Normal	☐ Restricted																		
☐ Aerobatic	☐ Limited																		
☐ Balloon	☐ Provisional																		
☐ Commuter	☐ Special Flight																		
☐ Transport	☐ Experimental																		
☐ Utility	☐ Special Light-Sport																		
	☐ Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	General Electric	H80-200	141013	02/21/14 (2014)	7000 rated at 2435	2435	25	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>mm/dd/yyyy</u> Airframe Total Time: <u> </u> hrs hours measured at (Select one) ☐ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Avia</u> Model: <u>V508E/1061A</u>	Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u> </u> Model: <u> </u>
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: <u> </u>	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>Anelk</u> Model or Part No.: <u>8102</u> TSO No.: ☐ OC91 (121.5 MHz) ☒ C91a (121.5 MHz) ☒ C126 (406 MHz) Was ELT still mounted in aircraft? ☐ Yes ☐ No Was ELT still connected to antenna? ☐ Yes ☐ No Did ELT Activate? ☒ Yes ☐ No If activated: Did ELT Aid in Locating Aircraft? ☒ Yes ☐ No If not activated: <u>eye w</u> 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: <u> </u>
Description of Fire Extinguishing System ☐ None ☐ Specify: <u> </u>		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Hans Munich

Fractional Ownership Aircraft: ☐ Yes ☒ No

City: YAKUTAT
 State: AK ZIP: 99689
 Country: USA

Operator of Aircraft

☒ Same As Registered Owner

☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: Yakutat Coastal Airlines

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): H2MA?

Country: _____

Operating Certificates Held

(Check all that apply)

- ☐ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☒ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
 Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- ☐ FAR 91 ☐ FAR 129 ☐ FAR 415
☐ FAR 103 ☐ FAR 133 ☐ FAR 431
☐ FAR 121 ☒ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

- ☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial

Public Aircraft (Select one)

- ☐ Armed Forces
☐ Federal
☐ State
☐ Local

☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☒ Non-Scheduled or Air Taxi ☐ International

- ☐ Passenger
☐ Cargo
☐ Mail Contract Only

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

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
☐ Aerial Observation ☐ Flight Test
☐ Air Drop ☐ Glider Tow
☐ Air Race/Show ☐ Instructional
☐ Banner Tow ☐ Other Work Use
☐ Business ☐ Personal
☐ Executive/Corporate ☐ Positioning
☐ External Load ☐ Skydiving
☐ Ferry

Revenue Sightseeing Flight

☐ Yes ☐ No

Air Medical Flight

☐ Yes ☐ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: DEY BAY

Airport Identifier: 3AK

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

Distance From Airport Center: 100 yds sm

Direction From Airport: 140° degrees true

Airport Elevation: 33 ft. msl

Runway Information

Runway ID: 3AK (L/R/C) Length: 3100 ft Width: 170 ft

Runway/Landing Surface (Check all that apply)

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

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>HANS</u> Middle Initial: <u>W</u> Last Name: <u>MUNICH</u> City of Residence: <u>YAKUTIA</u> State: <u>AK</u> ZIP: <u>99689</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>51</u> Date of Birth: <u>970</u> mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious		Seat Occupied ☒ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>05/14/2022</u> mm/dd/yyyy																																																																																													
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown			Medical Certificate Limitations <u>Carry glasses for near/inter. vision.</u>																																																																																															
Medical Certificate Special Issuance <u>none</u>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/21/2021</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>DeHavilland</u> Model: <u>DHC 3T</u>																																																																																																
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)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make & Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td>24,000</td> <td>6,100</td> <td>22,000</td> <td>1,000</td> <td>1,000</td> <td>700</td> <td>100</td> <td>2,000</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td>23,700</td> <td>6,100</td> <td>20,700</td> <td>1,000</td> <td>980</td> <td>700</td> <td>100</td> <td>1,980</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Time as Instructor</td> <td>800</td> <td>100</td> <td>670</td> <td>10</td> <td>50</td> <td>0</td> <td>0</td> <td>20</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>50</td> <td>0</td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 90 Days</td> <td>100</td> <td>22</td> <td>27</td> <td>30</td> <td>2</td> <td>0</td> <td>0</td> <td>15</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td>60</td> <td>20</td> <td>22</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> <td>8</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 24 Hours</td> <td>5.5</td> <td>4.7</td> <td>.8</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											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	24,000	6,100	22,000	1,000	1,000	700	100	2,000	0	0	Pilot in Command (PIC)	23,700	6,100	20,700	1,000	980	700	100	1,980	0	0	Time as Instructor	800	100	670	10	50	0	0	20	0	0	This Make/Model					50	0	10				Last 90 Days	100	22	27	30	2	0	0	15	0	0	Last 30 Days	60	20	22	10	0	0	0	8	0	0	Last 24 Hours	5.5	4.7	.8	0	0	0	0	0	0	0
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Last 24 Hours	5.5	4.7	.8	0	0	0	0	0	0	0																																																																																										

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No											
"Flight Crewmember 2" Identification First Name: <u>NA</u> Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____											
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown				
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical _____ mm/dd/yyyy				
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Limitations _____			Medical Certificate Special Issuance _____				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____							
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
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 Actual Simulated		Rotorcraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address					Seat Occupied		Injury			
First Name: _____		City of Residence: _____			☐ Left ☐ Center ☐ Right		☐ Front ☐ Rear ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Middle Initial: _____		State: _____ ZIP: _____								
Last Name: _____		Country: _____								
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
☐ None ☐ Private ☐ Student		☐ Flight Instructor ☐ Recreational ☐ Sport		☐ Commercial ☐ Airline Transport ☐ Flight Engineer		☐ US Military ☐ Foreign				
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Crew Name and Address					Seat Occupied		Injury			
First Name: _____		City of Residence: _____			☐ Left ☐ Center ☐ Right		☐ Front ☐ Rear ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Middle Initial: _____		State: _____ ZIP: _____								
Last Name: _____		Country: _____								
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
☐ None ☐ Private ☐ Student		☐ Flight Instructor ☐ Recreational ☐ Sport		☐ Commercial ☐ Airline Transport ☐ Flight Engineer		☐ US Military ☐ Foreign				
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs					
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)										
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age		
First Name: <u>ANTONY</u> City: <u>Caldwell</u>			☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>E</u>	☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: <u>ID</u> ZIP: <u>83607</u>										
Last Name: <u>MALASPINA</u> Country: <u>USA</u>										
☐ Crew ☒ Passenger ☐ Other										
First Name: <u>JOSEPH</u> City: <u>Phoenix</u>			☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>R</u>	☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: <u>AZ</u> ZIP: _____										
Last Name: <u>MADDY</u> Country: <u>USA</u>										
☐ Crew ☒ Passenger ☐ Other										
First Name: <u>MARK</u> City: <u>m</u>			☒ Left ☐ Center ☐ Right ☐ Unknown Row: <u>R</u>	☐ None ☐ Minor ☒ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: <u>ME</u> ZIP: _____										
Last Name: <u>PELLET</u> Country: <u>USA</u>										
☐ Crew ☒ Passenger ☐ Other										
First Name: _____ City: _____			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Middle Initial: _____ State: _____ ZIP: _____										
Last Name: _____ Country: _____										
☐ Crew ☐ Passenger ☐ Other										

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>PAYA</u> City: <u>YAKUTSK</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>1445</u> Time Zone: <u>AK</u>	Destination Airport ID: <u>3AK</u> City: <u>YAKUTSK RUSSIA</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☒ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown	
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93				
Altitude of In-Flight Occurrence: _____ ft msl				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☒ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: <u>PAYA</u> Observation Time: <u>1445</u> Time Zone: <u>AK</u> Distance from Accident Site: <u>600m</u> mm Direction from Accident Site: <u>W 301°</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night			
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height _____ ft agl	Temperature: <u>14</u> (C) or _____ (F) Dew Point: <u>8</u> (C) or _____ (F) Altimeter Setting: <u>30.03</u> in. Hg or _____ MB		
Wind Direction ☐ Variable Direction: <u>250</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>5</u> kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>unlimited</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Icing Forecast Amount: ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown	Icing Actual Amount: ☒ None ☐ N/A ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐ Unknown		Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☒ Terrain-Induced ☐ Convective Turbulence Severity: ☒ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: NONE				

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)*

NARRATIVE HISTORY OF FLIGHT *(Please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

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

Operator/Owner Safety Recommendation

mandatory replacement of cables

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Suspected: Down elevator Cable or Pulley System
(unverified)Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

25 Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

90 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

look around

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

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

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report <u>mm/dd/yyyy</u>	Name of Pilot/Operator: _____ Signature: _____ - or - ☐ Check here to electronically sign this document
--	--

If a Person Other than Pilot/Operator is Filing Report

Name: <u>Hans Munkh</u>	Title: <u>owner/pilot</u>
Signature: <u>[redacted]</u> <u>6/1/2022</u>	
- or - ☐ Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No. ANC22LA035	Reviewed by NTSB Regional Office Alaska	Name of Investigator Banning	Date Report Received 6/1/2022
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Damage:

The aircraft suffered substantial damage from impact into trees and ground at a high rate of speed at slight angle down.

Both wings broke off of the aircraft and broke in half from the impact of the trees.

The fuselage stayed mainly intact, but sustained substantial damage from hard downward impact. Landing gear buckled into fuselage. The belly of the fuselage was crushed on impact.

The rudder and tail suffered minor damage; the left side horizontal and left elevator have minor damage. The right side horizontal has minor damage. The right elevator was torn off the aircraft and is currently located 50 ft behind the aircraft in the top of a tree.

The engine and the propeller are still connected to the aircraft fuselage.

All the occupied seats were ripped from their attachment points.

Narrative History:

Started in Yakutat, with destination of Dry Bay - direct flight
on board: Pilot and three passengers

Departed 1445, May 24, 2022, runway 11

When lined up on the runway, applied power for takeoff. After 2 seconds; applied forward elevator. Tail came slightly up and dropped back down. I noticed this as unusual, and attributed it to not enough nose trim for load, so increased trim forward, and took off without incident.

En route, noticed that tail seemed to go slightly up and down; attributed to possible turbulence. Upon arrival at Dry Bay, entered left downwind runway 23 at 600 ft. Reduced power on downwind to slow aircraft to proper flap extension speed. Abeam the end of the Runway, extended flaps to 10 degrees. Turned on a left base, approximately 1/2 mile from end of runway. Trimmed and pitched back to obtain 80mph.

Turned final approach; noticed aircraft seemed to pitch up, so trimmed all the way forward and reduced some power. Added another 10 degrees flaps.

On short final, added full flaps. At that moment, the aircraft pitched up violently to approximately 45 degree angle. I applied full down elevator, verified trim and reduced power to idle.

Aircraft stalled at approximately 300 ft.

After stalling, the aircraft broke slightly left, and went into a 45 degree dive. I let it build up speed and applied full elevator back.