

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: <u>Elfin Cove</u> State: <u>AK</u> ZIP: <u>99825</u> Country: <u>USA</u> Latitude: <u>58.1939 N</u> Longitude: <u>136.3450 W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>06/26/2022</u> Local Time: <u>11:45</u> <i>mm/dd/yyyy</i> Time Zone: <u>Alaska</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None
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AIRCRAFT INFORMATION

Registration Number: <u>N265KP</u> Manufacturer: <u>Cessna</u> Model: <u>C-208 A</u> Serial Number: <u>20800375</u> Year of Manufacture: <u>2004</u> Amateur-Built: ☐ Yes ☒ No <i>If Yes:</i> ☐ Kit/Plans ☐ Original Design Make: _____	☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>8360</u> lbs Weight at Time of Accident/Incident: <u>8250</u> lbs Number of Seats: <u>8</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>7</u> Number of Engines: <u>1</u>
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">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 <i>(Check all that apply)</i> ☐ Retractable ☐ Tricycle ☐ Tailwheel ☒ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Other Launch/Recovery System ☐ None ☐ Unknown	Engine Type <i>(Select one)</i> ☐ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☒ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type <i>(Reciprocating)</i> ☐ 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/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Honeywell Aerospace, Inc.	TPE331-12JR	P123111C	12/2008	900	5791.8	86.3	5791.8
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☒ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>06/03/2022</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>6130.0</u> hrs hours measured at <i>(Select one)</i> ☐ Last Inspection ☒ Time of Accident/Incident	Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>HC-E4N-5KL</u> Propeller 2 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> ELT Manufacturer: <u>Artex</u> Model or Part No.: <u>ME406</u> TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz) ☒ C126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☒ Yes ☐ No <i>If activated:</i> Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No <i>If not activated:</i> Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown
Type of Maintenance Program <i>(Select one)</i> ☐ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☒ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	Additional Equipment <i>(Check all that apply)</i> ☒ 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: _____	
Description of Fire Extinguishing System ☒ None ☐ Specify: _____		

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Kalinin Partners LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Juneau</u> State: <u>AK</u> ZIP: <u>99801</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Kalinin Aviation LLC</u> Doing Business As: <u>Alaska Seaplanes</u> Air Carrier/Operator Designator (4 Character Code): <u>P9KA</u>		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☐ 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 103 ☐ FAR 121 ☐ FAR 125 ☐ FAR 129 ☐ FAR 133 ☒ FAR 135 ☐ FAR 137 ☐ FAR 415 ☐ FAR 431 ☐ FAR 435 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☒ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☒ Passenger ☐ Cargo ☐ Mail Contract Only
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☐ Instructional ☐ Other Work Use ☐ Personal ☐ Positioning ☐ Skydiving ☐ Unknown
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>Elfin Cove SPB</u> Airport Identifier: <u>PAEL</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0.1</u> sm Direction From Airport: <u>N</u> degrees true Airport Elevation: <u>SL</u> ft. msl	
Runway Information Runway ID: <u>NW-SE</u> (L/R/C) Length: <u>10,000</u> ft Width: <u>1,500</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☒ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☒ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☒ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☐ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☒ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ 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>Tobin</u> Middle Initial: <u>W</u> Last Name: <u>Ortega</u> City of Residence: <u>Juneau</u> State: <u>AK</u> ZIP: <u>99801</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>28</u> Date of Birth: <u> </u> <u>1994</u> <i>mm/dd/yyyy</i> Certificate Number: <u> </u>																																																																																																				
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) <i>(Check all that apply)</i> ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☒ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>01/27/2022</u> <i>mm/dd/yyyy</i>																																																																																												
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>None</u>																																																																																															
Medical Certificate Special Issuance <u>NA</u>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/15/2021</u> <i>mm/dd/yyyy</i>					Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C-208A</u>																																																																																															
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">3,146</td> <td style="padding: 5px;">221</td> <td style="padding: 5px;">3,146</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">85</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">51</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">3,032</td> <td style="padding: 5px;">221</td> <td style="padding: 5px;">3,032</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">85</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">51</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">151</td> <td style="padding: 5px;">42</td> <td style="padding: 5px;">151</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">70</td> <td style="padding: 5px;">21</td> <td style="padding: 5px;">70</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">3</td> <td style="padding: 5px;">3</td> <td style="padding: 5px;">3</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	3,146	221	3,146	0	85	0	51	0	0	0	Pilot in Command (PIC)	3,032	221	3,032	0	85	0	51	0	0	0	Time as Instructor	0	0	0	0	0	0		0	0	0	This Make/Model					0	0	0				Last 90 Days	151	42	151	0	0	0	0	0	0	0	Last 30 Days	70	21	70	0	0	0	0	0	0	0	Last 24 Hours	3	3	3	0	0	0	0	0	0	0
Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
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“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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> 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																																																																																													
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Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Center ☐ Right ☐ Front ☐ Rear ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign			Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: <u>Tim</u> City : <u>Longview</u> Middle Initial: <u>D</u> State: <u>WA</u> ZIP: <u>98632</u> Last Name: <u>Davis</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other	☒ Left ☐ Center ☐ Right ☐ Unknown Row: <u>2</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 <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: <u>Cody</u> City : <u>Chehalis</u> Middle Initial: _____ State: <u>WA</u> ZIP: <u>98532</u> Last Name: <u>Jones</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>1</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 <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: <u>John</u> City : <u>Longview</u> Middle Initial: _____ State: <u>WA</u> ZIP: <u>98632</u> Last Name: <u>Ragan</u> Country: _____ ☐ Crew ☒ Passenger ☐ Other	☒ Left ☐ Center ☐ Right ☐ Unknown Row: <u>3</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 <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: <u>Evan</u> City : <u>Colorado Springs</u> Middle Initial: _____ State: <u>CO</u> ZIP: <u>80921</u> Last Name: <u>Johnson</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>3</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 <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

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

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
☐ Commercial	☐ Airline Transport	☐ 3-point	☐ 3-point
☐ US Military	☐ Foreign	☐ 4-point	☐ 4-point
☐ Flight Engineer		☐ 5-point	☐ 5-point
		☐ Unknown	☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Front	☐ None
Middle Initial: _____	State: _____ ZIP: _____	☐ Center ☐ Rear	☐ Minor
Last Name: _____	Country: _____	☐ Right ☐ Single	☐ Serious
		☐ Unknown	☐ Fatal
			☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used
☐ Private	☐ Recreational	☐ None	☐ None
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only
☐ Commercial	☐ Airline Transport	☐ 3-point	☐ 3-point
☐ US Military	☐ Foreign	☐ 4-point	☐ 4-point
☐ Flight Engineer		☐ 5-point	☐ 5-point
		☐ Unknown	☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Steven</u> City: <u>Snogualmie</u>	☐ Left ☐ Center ☒ Right ☐ Unknown	☐ 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
Middle Initial: _____ State: <u>WA</u> ZIP: <u>98065</u>	Row: <u>2</u>				☐ Under 5 years
Last Name: <u>Johnson</u> Country: <u>USA</u>	☐ Crew ☒ Passenger ☐ Other				If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Mark</u> City: <u>Vancouver</u>	☐ Left ☐ Center ☒ Right ☐ Unknown	☐ 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
Middle Initial: _____ State: <u>WA</u> ZIP: <u>98662</u>	Row: <u>4</u>				☐ Under 5 years
Last Name: <u>Adams</u> Country: <u>USA</u>	☐ Crew ☒ Passenger ☐ Other				If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Michael</u> City: _____	☐ Left ☐ Center ☒ Right ☐ Unknown	☐ 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
Middle Initial: _____ State: _____ ZIP: _____	Row: <u>4</u>				☐ Under 5 years
Last Name: <u>Thor</u> Country: _____	☐ Crew ☐ Passenger ☐ Other				If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown	☐ 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
Middle Initial: _____ State: _____ ZIP: _____	Row: _____				☐ Under 5 years
Last Name: _____ Country: _____	☐ Crew ☐ Passenger ☐ Other				If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION						
Last Departure Point Airport ID: <u>PAEL</u> City: <u>Elfin Cove</u> State: <u>AK</u> Country: <u>USA</u>		Time of Departure Time: <u>11:45</u> Time Zone: <u>Alaska</u>		Destination Airport ID: <u>PAJN</u> City: <u>Juneau</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 ☐ FAR 93 ☐ Class E ☐ Restricted Area					Altitude of In-Flight Occurrence: <u>SL</u> 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>PAEL</u> Observation Time: <u>1849Z</u> Time Zone: <u>Alaska</u> Distance from Accident Site: <u>0.0</u> nm Direction from Accident Site: <u>On site</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 <u>700</u> ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown Ceiling Height <u>700</u> ft agl		Temperature: <u>13</u> (C) or _____ (F) Dew Point: <u>11</u> (C) or _____ (F) Altimeter Setting: <u>3030</u> in. Hg or _____ MB		
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>7</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>0</u> 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 ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		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: <u>None</u>						

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)*

Aircraft sustained damage to floats, propeller, engine, fuselage, both wings, aileron, and flaps. Some of the damage was incurred during recovery with a Temsco helicopter.

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.

Flight 1801-1 operated by Kalinin Aviation DBA, Alaska Seaplanes, sustained substantial damage on takeoff from PAEL. The C-208A amphibian aircraft N265KP, was carrying seven passengers with one flight crew departing for PAJN at 11:45am local. The weather conditions at the time were 10sm visibility, sky clear, with light winds and calm water. The pilot reported another company aircraft had landed and was water taxiing into the cove as he was leaving the dock. The aircraft began the takeoff run out of the cove and was unable to establish and maintain the desired direction for flight. The pilot also noted that there was a skiff that came into view along his planned route while he was attempting to depart. He then aborted and went into full reverse prior to running up on the beach. The floats absorbed most of the impact and left the fuselage suspended between the floats. The pilot shut the engine down and secured the aircraft prior to egress with the passengers out the co-pilot door. The pilot and passengers were taken by boat back to the dock where they confirmed there were no injuries.

RECOMMENDATION (How could this accident/incident have been prevented?)	
1. The driver should have been more attentive to the road conditions and the presence of other vehicles. 2. The driver should have maintained a safe following distance from the vehicle in front. 3. The driver should have been more cautious when changing lanes or turning. 4. The driver should have been more aware of the speed limit and the road conditions. 5. The driver should have been more careful when driving in traffic.	

Operator/Owner Safety Recommendation

We are conducting an internal investigation following the incident and plan to determine a mitigation strategy going forward.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

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

Total Time/Cycles On Part	
--------------------------------------	--

____ Hours

_____ Cycles

**Time Since This Part
Inspected/Overhauled**

____ Hours

FUEL & SERVICES INFORMATION	
1. Fuel Type	2. Fuel Quantity
3. Fuel Cost	4. Fuel Efficiency
5. Fuel Supplier	6. Fuel Mileage
7. Fuel Mileage	8. Fuel Mileage
9. Fuel Mileage	10. Fuel Mileage
11. Fuel Mileage	12. Fuel Mileage
13. Fuel Mileage	14. Fuel Mileage
15. Fuel Mileage	16. Fuel Mileage
17. Fuel Mileage	18. Fuel Mileage
19. Fuel Mileage	20. Fuel Mileage
21. Fuel Mileage	22. Fuel Mileage
23. Fuel Mileage	24. Fuel Mileage
25. Fuel Mileage	26. Fuel Mileage
27. Fuel Mileage	28. Fuel Mileage
29. Fuel Mileage	30. Fuel Mileage
31. Fuel Mileage	32. Fuel Mileage
33. Fuel Mileage	34. Fuel Mileage
35. Fuel Mileage	36. Fuel Mileage
37. Fuel Mileage	38. Fuel Mileage
39. Fuel Mileage	40. Fuel Mileage
41. Fuel Mileage	42. Fuel Mileage
43. Fuel Mileage	44. Fuel Mileage
45. Fuel Mileage	46. Fuel Mileage
47. Fuel Mileage	48. Fuel Mileage
49. Fuel Mileage	50. Fuel Mileage
51. Fuel Mileage	52. Fuel Mileage
53. Fuel Mileage	54. Fuel Mileage
55. Fuel Mileage	56. Fuel Mileage
57. Fuel Mileage	58. Fuel Mileage
59. Fuel Mileage	60. Fuel Mileage
61. Fuel Mileage	62. Fuel Mileage
63. Fuel Mileage	64. Fuel Mileage
65. Fuel Mileage	66. Fuel Mileage
67. Fuel Mileage	68. Fuel Mileage
69. Fuel Mileage	70. Fuel Mileage
71. Fuel Mileage	72. Fuel Mileage
73. Fuel Mileage	74. Fuel Mileage
75. Fuel Mileage	76. Fuel Mileage
77. Fuel Mileage	78. Fuel Mileage
79. Fuel Mileage	80. Fuel Mileage
81. Fuel Mileage	82. Fuel Mileage
83. Fuel Mileage	84. Fuel Mileage
85. Fuel Mileage	86. Fuel Mileage
87. Fuel Mileage	88. Fuel Mileage
89. Fuel Mileage	90. Fuel Mileage
91. Fuel Mileage	92. Fuel Mileage
93. Fuel Mileage	94. Fuel Mileage
95. Fuel Mileage	96. Fuel Mileage
97. Fuel Mileage	98. Fuel Mileage
99. Fuel Mileage	100. Fuel Mileage

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

73 Gallons

[illegible]

80/87

☐ 100 Low Lead

☐ 100/130

○ 115/145

☒ Jet A

☐ Jet A-1

☐ Jet B ☐ Jet C

☐ JP8

☐ Automotive

☐ Other, specify _____

Other Services, if Any, Prior to Departure
--

EVACUATION OF AIRCRAFT	
------------------------	--

Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

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

All occupants exited out the co-pilot door.

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

Aircraft Registration Number

Manufacturer: _____
Model: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed	☐ Minor
☐ Substantial	☐ None

☐ Minor

☐ Substantial	☐ None
--------------------------------------	-------------------------------

☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft	
--------------------------------	--

Name: _____

Name: _____

City: _____
State: _____ ZIP: _____

City: _____
State: _____ ZIP: _____

State: _____ ZIP: _____

State: _____ 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

07/07/2022

mm/dd/yyyy

Name of Pilot/Operator: Kalinin Aviation

Signature: _____

-- or --

☐

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: Sean Kveum

Title: Director of Operations

Signature: _____

-- or --

☒

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
ANC22LA048

Reviewed by NTSB Regional Office
Alaska

Name of Investigator
Banning

Date Report Received
7/13/2022