

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>Hunter Creek</u> State: <u>AK</u> ZIP: <u>99645</u> Country: <u>USA</u> Latitude: <u>61.47°N</u> Longitude: <u>148.83°W</u> (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>06/20/2022</u> Local Time: <u>12:15 PM</u> mm/dd/yyyy Time Zone: <u>AST</u>
Collision with Other Aircraft: Midair On-ground <u>None</u>	

AIRCRAFT INFORMATION

Registration Number: <u>N7048K</u> Manufacturer: <u>Piper</u> Model: <u>PA 20</u> Serial Number: <u>20-155</u> Year of Manufacture: <u>1950</u> Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____ Original Design	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>1800</u> lbs Weight at Time of Accident/Incident: <u>1740.32</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>MA</u> Passenger Seats: <u>1</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 (Check all that apply) <table style="width: 100%;"> <tr> <td>Standard</td> <td>Special</td> </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 Amphibian Emergency Float Float Hull Other Launch/Recovery System None Unknown	Engine Type (Select one) ☒ Reciprocating Turbo Shaft Turbo Prop Turbo Jet Turbo Fan Electric Liquid Rocket Solid Rocket Hybrid Rocket None Unknown Fuel System Type (Reciprocating) ☒ Carburetor ☐ Fuel-Injected
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	Lycoming	O-290-D2	4167-21	06/25/1952	135	1272.8	33.47	1272.8
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour AAIP ☒ Annual Continuous Airworthiness Conditional Inspection Unknown Date Last Inspection: <u>07/25/2021</u> mm/dd/yyyy Airframe Total Time: <u>2865.7</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident	Propeller 1 ☒ Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>M740M-52</u>	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	
Type of Maintenance Program (Select one) ☒ Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK Technologies Inc.</u> Model or Part No.: <u>E-01 ELT</u> TSO No.: <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u> <u>C126 (406 MHz)</u> Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☒ Yes ☐ No If activated: Did ELT Aid in Locating Aircraft: Yes ☐ No ☒ If not activated: Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown		
Description of Fire Extinguishing System ☒ None Specify: _____	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>Satellite Phone</u>		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Michael Lee Hurlbert
 Fractional Ownership Aircraft: Yes ☒ No

City: [REDACTED]
 State: AK ZIP: 99654
 Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

City: _____
 State: _____ ZIP: _____
 Country: _____

Operating Certificates Held

(Check all that apply)

☒ None

Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carrier (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: Warren "Bud" Woods Palmer Muni
 Airport Identifier: PAAA
 Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: _____ mi
 Direction From Airport: _____ degrees true
 Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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 PARS MLS Practice
 SDF Sidestep LDA GPS
 VOR/TWOR ILS ASR
 VOR/DME Localizer Only Visual
 TACAN LOC-back course Contact
 RNAV Circling
 Unknown

VFR Approach (Check all that apply)

None

Traffic Pattern Stop and Go
 Straight-In Touch and Go
 Valley/Terrain Following Simulated Forced Landing
 Go Around Forced Landing
 Full Stop Precautionary Landing
 Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Michael

City of Residence: Wasilla

Middle Initial: L

State: AK ZIP: 99654

Last Name: Hurlbert

Country: USA

Age at time of Accident/Incident: 32 Date of Birth: 1/9/89 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☐ Single ☐ Unknown		Restraint Type Available: ☒ None ☐ Lap only ☐ 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 ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☒ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign						
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 1 ☐ Class 2 ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A		Date of Last Medical <u>06/06/2022</u> mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/04/2022 mm/dd/yyyy

Flight Review Aircraft

Make: Piper
Model: PA30

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

Student Endorsements (Include dates)

Tailwheel 07/06/2018
Complex Airplane 05/31/2022

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	374.3	215.18	353	12.2	13.6					
Pilot in Command (PIC)	278.3	215.18	300	2.3	13.6					
Time as Instructor	—	—	—	—	—					
This Make/Model					4.0					
Last 90 Days	60	30	60	12.2	—					
Last 30 Days	30	10	20	12.2	—					
Last 24 Hours	N/A	N/A	N/A	N/A	—					

"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: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

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

Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single		Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
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 _____ mm/dd/yyyy
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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: _____
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Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings

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										
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
None	Flight Instructor	Commercial	US Military	Available	Used	Restraints
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				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 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
None	Flight Instructor	Commercial	US Military	Available	Used	Restraints
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				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>Douglas</u> City: <u>Hills</u>	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: <u>MN</u> ZIP: <u>56138</u>			None	None		
Last Name: <u>Chapman</u> Country: <u>USA</u>			Lap Only	Lap Only		
Crew <u>Passenger</u> Other _____			3-point	3-point		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew _____ Passenger _____ Other _____			3-point	3-point		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew _____ Passenger _____ Other _____			3-point	3-point		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew _____ Passenger _____ Other _____			3-point	3-point		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PAAQ</u> City: <u>Palmer</u> State: <u>Alaska</u> Country: <u>USA</u>	Time of Departure Time: <u>1230</u> Time Zone: <u>2030</u>	Destination Airport ID: <u>PAAQ</u> City: <u>Palmer</u> State: <u>Alaska</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ VFR ☐ Company VFR ☐ Military VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following ☐ Cruise ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E ☐ ☒ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93				Altitude of In-Flight Occurrence: _____ ft msl

Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☒ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Weather Observation Facility Facility ID: <u>PAAQ</u> Observation Time: <u>1230 PM</u> Time Zone: <u>AKST</u> Distance from Accident Site: <u>10</u> nm Direction from Accident Site: <u>300-121</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Day ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Night ☐ Bright Night
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Thin Overcast ☐ Unknown ☐ Few ☐ Partial Obscuration ☐ Scattered	Ceiling ☒ None (Clear) ☐ Obscured ☐ Indefinite ☐ Unknown ☐ Broken ☐ Overcast
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl

Wind Direction Variable Direction: <u>230</u> degrees true	Wind Speed Calm Light and Variable Speed: <u>7</u> kts	Wind Gusts ☒ Not Gusting Speed: _____ kts	Visibility <u>> 10.0</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 ☐ Snow Shower ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers	Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust	

Icing Forecast Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☒ None ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount: ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type: ☒ None ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply): ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity: ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
PAAQ 201953Z 23007KT 105M CLR 18/06 A3004 RMK A02 SLP173
T01780061

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage None Minor Substantial Destroyed Unknown	Aircraft Fire None In-Flight On-Ground Both Ground and In-Flight Fire at Unknown Time Unknown	Aircraft Explosion None In-Flight On-Ground Both Ground and In-Flight Explosion at Unknown Time Unknown
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Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) *Right Main Landing gear collapsed, Both Right hand Wing Lift struts Broken, Propeller Bent, Fuselage Bent.*

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.

On Monday June 20th 2022, I picked up a friend from PAAQ Palmer airport for a private/personal sightseeing flight up the Knik River drainage. We landed on a gravel sandbar/island know as practice strip at roughly 12:30pm. We took off to the west on practice strip when at about 200 to 300 ft above ground after lift off is when I lost thrust. At this point all I could do was find a suitable forced landing spot, and I landed roughly 200 yards to the south of the departure point.

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

Operator/Owner Safety Recommendation *Carburetor icing should be considered at all phases of flight, even at takeoff.*

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

Was there Mechanical Malfunction/Failure? Yes ☒ No ☐
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

18

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

N/A

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

Pilot exited from Left Hand window and passenger exited from rear door.

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

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers

NONE

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

Date of this Report

06/29/22
not after 7/22

Name of

Signature

- or -

Click here to electronically sign this document

SS Huclinet

If a Pilot/Operator is Filing Report:

Name

Title

Signature

- or -

Click here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ANC22LA049

Reviewed by NTSB Regional Office

ANC

Name of Investigator

Mark Ward

Date Report Received

6/30/2022