

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: Port Moller State: AK
 ZIP: 99571 Country: USA
 Latitude: 55-53'26"N Longitude: 160-29'51"W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: May 27, 2022 Local Time: 7:30 AM
 mm/dd/yyyy Time Zone: Alaska

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N75712

Manufacturer: Cessna

Model: 182C

Serial Number: 52554

Year of Manufacture: 1960

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

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 2 Passenger Seats: 2

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)

Standard

(Normal)
 Aerobatic
 Balloon
 Commuter
 Transport
 Utility

Special

Restricted
 Limited
 Provisional
 Special Flight
 Experimental
 Special Light-Sport
 Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

Retractable

Tricycle

Amphibian

Emergency Float

Float

Hull

Other Launch/Recovery System

None

(Tailwheel)

High Skid

Skid

Ski

Ski/Wheel

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

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	<u>CONT Motor</u>	<u>O-470</u>	<u>Unknown</u>	<u>Unknown</u>	<u>230</u>	<u>Unknown</u>	<u>RELSH</u>	<u>Unknown</u>
Eng. 2							<u>Annual</u>	
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

(Annual)

Continuous Airworthiness
 Conditional Inspection
 Unknown

Date Last Inspection: 05-2022
 mm/dd/yyyy

Airframe Total Time: UNKNOWN hrs

hours measured at (Select one) UNKNOWN
 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: _____

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: Unknown

Model: Constant Speed

ELT Installed: (Yes) No

If Yes:

ELT Manufacturer: Unknown

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C126 (406 MHz) C91a (121.5 MHz)

Was ELT still mounted in aircraft? (Yes) No

Was ELT still connected to antenna? (Yes) No

Did ELT Activate? Yes No

If activated: UNKNOWN

Did ELT Aid in Locating Aircraft: Yes (No)

If not activated:

Indicate Reason:

Impact Damage

Fire Damage

Battery Expired/Damaged

(Unknown)

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

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

Registered Aircraft Owner

Name: Shepard Peter M
 Fractional Ownership Aircraft: Yes ☐ No ☒

City: Wasilla
 State: AK ZIP: 99654-8782
 Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: Peter Shepard
 Doing Business As: BEAR RIVER Outfitters
 Air Carrier/Operator Designator (4 Character Code): NONE

City: Wasilla
 State: AK ZIP: 99654-3782
 Country: USA

Operating Certificates Held (Check all that apply)

Regulation Flight Conducted Under

Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)

☒ 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

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

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

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

☒ Passenger
☒ Cargo
☐ Mail Contract Only
Lodge business

Public Aircraft (Select one)
☐ Armed Forces
☐ Federal
☐ State
☐ Local
☐ Unknown

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)

☐ 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
Lodge Equipment

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: BEAR RIVER Lodge/Outfitters
 Airport Identifier: UNKNOWN - Private
 Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A

Distance From Airport Center: 1/4 sm
 Direction From Airport: WEST degrees true
 Airport Elevation: 60' ? ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: 800 ft Width: 60 ft

Runway/Landing Surface (Check all that apply)

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

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

☐ 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

Approach/Departure Segment (Select one)

☒ 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

R Approach (Check all that apply)

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

VFR Approach (Check all that apply)

☐ 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
Takeoff

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: DAVID S HOERNER

Middle Initial: S

Last Name: HOERNER

City of Residence: Kalispell, MT

State: MT

ZIP: 59901

Country: USA

Age at time of Accident/Incident: 69

Date of Birth: 53 mm/dd/yyyy

Certificate Number:

Degree of Injury

None

Fatal

Minor

Unknown

Serious

Ankle injury

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

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

GLASSES

Date of Last Medical

03/02/2022

mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

Medical Certificate Special Issuance

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

03/20/2022 mm/dd/yyyy

Flight Review Aircraft

Make: BONANZA

Model: C35

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

DC3

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

35,949

15000

29400

1580

5547

1823

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

130

Last 30 Days

85

15

Last 24 Hours

5

5

LIGHT 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

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	Instrument Airplane
Airplane Single-Engine	Instrument Helicopter
Airplane Multi-Engine	Helicopter
Gyroplane	Glider
Powered Lift	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										
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) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				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 None Installed Installed Not Deployed Deployed Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs				

Crew Name and Address				Seat Occupied		Injury	
First Name: _____		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) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				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 None 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			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 <i>If Under 5,</i> Child Restr Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			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 <i>If Under 5,</i> Child Restr Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			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 <i>If Under 5,</i> Child Res Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			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 <i>If Under 5,</i> Child Re Lap-Held Unknown

FLIGHT ITINERARY INFORMATION					
Departure Point Airport ID: <u>Bear River Airstrip</u> City: <u>Bear River, 10 miles N of Port Moller</u> State: <u>AK</u> Country: <u>USA</u>		Time of Departure Time: <u>7:30</u> Time Zone: <u>Alaska</u>		Destination Airport ID: <u>ZS2</u> City: <u>Port Moller</u> State: <u>AK</u> Country: <u>USA</u>	
Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown					
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ VFR ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ 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 ☐ Special ☐ Air Traffic Control Area ☐ Unknown				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 ☐ 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>Lodge</u> Observation Time: <u>7:00 AM</u> Time Zone: <u>Alaska</u> Distance from Accident Site: <u>1/4</u> nm Direction from Accident Site: <u>360°</u> degrees true		
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown			
Key/Lowest Cloud Condition ☐ Clear ☐ Few ☒ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown		Temperature: _____ (C) or <u>50</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		<u>Unknown</u>	
Wind Direction Variable -or- Direction: <u>290</u> degrees true		Wind Speed Calm Light and Variable -or- Speed: <u>20</u> kts		Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	
Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles		Density Altitude: <u>50 ft</u> ft			
Intensity of Precipitation Light Moderate Heavy Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Forecast Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence	
Severities ☐ Light ☐ Moderate ☐ Severe ☐ Extreme					
(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
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

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

Aircraft Flopped over on its back. Engine mount gave way and ENGINE detached from the airframe.

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.

Early on the morning of May 22, 2022, I was the PIC of a Cessna 182/180, registration number N757R. INVOLVED IN an accident while departing a 800 foot grass Airstrip at Bear River Lodge which is located ten (10) miles north of Port Moller, Alaska. There was nobody on board the Part 91 flight, but I injured my ankle and the aircraft suffered SUBSTANTIAL damage. The winds were approximately 290 degrees at 20 knots, the departure runway was at 270 degrees. The accident was the result of a lodge helper placing a non-approved aircraft screw into the yoke just lock hole the evening before the flight. What I recall of the flight is rotating, accelerating, and then not having elevator control. The next I recall being upside down in the pilot seat. I recall people around the upside down airplane trying to keep me warm. It wasn't until I was laying on the ground that a camp helper told me he had put a screw in the control lock yoke hole, and had forgot to tell me.

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)

40 Gallons

Fuel Type

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

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

I opened the right side window AND Crawled out,

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.

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

Date of this Report <u>06-28-2022</u> mm/dd/yyyy	Name of Pilot/Operator: <u>David L. Moore</u> Signature: <u>[Redacted]</u> — or — Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: _____	Title: _____
Signature: _____	
— or — Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No. ANC22LA055	Reviewed by NTSB Regional Office ANC	Name of Investigator Mark Ward	Date Report Received 7/1 /2022
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