

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: TOK State: AK
 ZIP: 99780 Country: US
 Latitude: 63.33° N Longitude: 142.95° W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 02/10/2023 Local Time: 5:00 PM
 mm/dd/yyyy Time Zone: AK

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N44782

Manufacturer: PIPER

Model: PA-32-260 CHEROKEE 6

Serial Number: 32-7500002

Year of Manufacture: 1974

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

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 3400 lbs

Weight at Time of Accident/Incident: 2730 lbs

Number of Seats: 6 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 4

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 **Special**
Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

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

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	<u>Lycoming</u>	<u>O-540-E4B5</u>	<u>L20866-40A</u>		<u>260</u>	<u>5577</u>	<u>0</u>	<u>1083.5</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
AAIP
 Annual
 Continuous Airworthiness
 Conditional Inspection
 Unknown

Date Last Inspection: 02/09/2023
 mm/dd/yyyy

Airframe Total Time: 9968.9 hrs
 hours measured at (Select one)

Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Description of Fire Extinguishing System

None
 Specify: _____

Propeller 1

Fixed Pitch
Controllable Pitch
 Ground Adjustable

Manufacturer: HARTZELL
 Model: HC-C3YR-1RF

ELT Installed: Yes No

If Yes:
 ELT Manufacturer: _____
 Model or Part No.: _____
 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
 If activated: momentarily
 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: JONATHAN ALCUPCity: TOKState: AK ZIP: 99780Fractional Ownership Aircraft: Yes ☐ No ☒Country: US**Operator of Aircraft**Same As Registered OwnerSame Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

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: TOK JunctionDistance From Airport Center: 1/4 smAirport Identifier: PFTODirection From Airport: 0 degrees trueProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/AAirport Elevation: 1630 ft. msl**Runway Information**Runway ID: 07 (L/R/C) Length: 2509 ft Width: 50 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

Sidestep

LDA

GPS

VOR/TVOR

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: JONATHAN

City of Residence: TOK

Middle Initial: S

State: AK

ZIP: 99780

Last Name: ALSUP

Country: US

Age at time of Accident/Incident: 46

Date of Birth: [REDACTED] 1976 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

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

01/04/2023 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/02/2023 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: C-206

Airplane Rating(s) (Check all that apply)

None

Single-Engine Land

Single-Engine Sea

Multiengine Land

Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

None

Airship

Balloon

Glider

Gyroplane

Helicopter

Powered Lift

Instrument Rating(s) (Check all that apply)

None

Airplane

Helicopter

Powered Lift

Instructor Rating(s) (Check all that apply)

None

Airplane Single-Engine

Airplane Multi-Engine

Gyroplane

Powered Lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1200	250	1200	—	70	16.5	29.5	—	—	—
Pilot in Command (PIC)	1140	250	1140	—	"	"	"	—	—	—
Time as Instructor	—	—	—	—	—	—	—	—	—	—
This Make/Model	—	—	—	—	42.7	15.8	21	—	—	—
Last 90 Days	40.7	—	40.7	—	—	—	—	—	—	—
Last 30 Days	32.8	—	32.8	—	—	—	—	—	—	—
Last 24 Hours	3.3	—	3.3	—	—	—	—	—	—	—

"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: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____																																																																																																				
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 With limitations/waivers Special Issuance Unknown N/A		Date of Last Medical _____ mm/dd/yyyy																																																																																												
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 1 Class 2 Class 3 Driver's License (Sport Pilot only) 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) <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																																																																																														
Type Ratings 						Student Endorsements <i>(Include dates)</i> 																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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Last Departure Point Airport ID: <u>PFTO</u> City: <u>TOK</u> State: <u>AK</u> Country: <u>US</u>	Time of Departure Time: <u>4:10 PM</u> Time Zone: <u>AK</u>	Destination Airport ID: <u>PFTO</u> City: <u>TOK</u> State: <u>AK</u> Country: <u>US</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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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)				Altitude of In-Flight Occurrence:
Class A	Class G	Military Operations Area (MOA)	Special	_____ ft msl
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		

Source of Pilot Weather Information <i>(Check all that apply)</i>		Weather Observation Facility
National Weather Service	Company	Facility ID: _____
Flight Service Station	Military	Observation Time: _____
TV/Radio	Internet	Time Zone: _____
Automated Report	None	Distance from Accident Site: _____ nm
Commercial Weather Service (DUATS)	Unknown	Direction from Accident Site: _____ degrees true
On-Board Weather		

Basic Conditions VMC IMC Unknown	Light Condition Dawn Day Dusk Night Dark Night Bright Night Unknown		
Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown	Ceiling None (Clear) Broken Overcast Obscured Indefinite Unknown		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl		

Wind Direction Variable -or- Direction: _____ degrees true	Wind Speed Calm Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation	Type of Precipitation (Check all that apply)		Restriction to Visibility (Check all that apply)	
Light	None	Drizzle	Freezing Rain	None
Moderate	Rain	Ice Pellets	Snow Shower	Blowing Dust
Heavy	Snow	Snow Pellets	Ice Pellets Shower	Blowing Sand
N/A	Hail	Snow Grains	Freezing Drizzle	Blowing Snow
Unknown	Rain Showers	Ice Crystals		Blowing Spray
				Dust
				Fog
				Ground Fog
				Haze
				Ice Fog
				Smoke
				Unknown

Icing Forecast		Icing Actual		Turbulence	
Amount	Type	Amount	Type	Type <i>(Check all that apply)</i>	Severity
None	N/A	None	N/A	None	Light
Trace	Rime	Trace	Rime	Clear Air	Moderate
Light	Clear	Light	Clear	Terrain-Induced	Severe
Moderate	Mixed	Moderate	Mixed	Convective Turbulence	Extreme
Severe	Unknown	Severe	Unknown		
Unknown		Unknown			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address					Seat Occupied		Injury			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		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					Seat Occupied		Injury			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		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>DEB</u> City: <u>TOK</u> Middle Initial: <u>D</u> State: <u>AK</u> ZIP: <u>99780</u> Last Name: <u>ALSUP</u> Country: <u>US</u> Crew <u>Passenger</u> Other				Left Center <u>Right</u> Unknown Row: <u>1</u>	<u>None</u> Minor Serious Fatal Unknown	Available None Lap Only <u>3-point</u> 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		<u>Not Installed</u> Installed Not Deployed Deployed Unknown	<u>46</u> Under 5 years If Under 5, Child Restraint 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 If Under 5, Child Restraint Lap-Held Unknown	
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Prop damaged, engine/landing gear mount bent/broken. Wrinkles in firewall. Flaps skins pushed up in center of flap where contact made with snow.

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.

Departed PFTO for the pattern after getting the annual done, at approximately 4:49pm. On final, I made a steep approach with 40° of flaps and low power. As I realized I was going to end up short, I add a little bit of power, holding the nose where it was, in a pitched up attitude. The change in power did not arrest the sink rate, like I had grown accustomed to in the C206. By the time I realized it and added full power, it was too late. We landed in a nose high attitude about 100-200 ft short of the runway in about 3ft. of snow. The nose came over abruptly and the plane skidded to a stop. There were no injuries, but the plane suffered a prop strike and the nose gear collapsed, putting a wrinkle in the firewall. The flaps were also mildly damaged by the impact with the snow.

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

Operator/Owner Safety Recommendation

Lower pitch attitude, more power, higher airspeed on short final

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
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

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

75

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

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

Pilot and passenger exited through front co-pilot 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
SubstantialMinor
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

02/14/2023
mm/dd/yyyy

Name of Pilot/Operator: Jonathan A. Ward

Signature: _____

— or —

Check here to electronically sign this document

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.

ANC23LA021

Reviewed by NTSB Regional Office

Alaska

Name of Investigator

Mark Ward

Date Report Received

2/14/2023