

**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: TALKEETNA State: ALASKA

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Latitude: 62.32N Longitude: 150.09W

(Enter in decimal degrees or degrees:minutes:seconds)

**Accident/Incident Date/Time**

Date: 06/19/2023 Local Time: 11:00 AM  
mm/dd/yyyy

Time Zone: STANDARD

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

**AIRCRAFT INFORMATION**

Registration Number: N9214C

Manufacturer: CESSNA

Model: 180

Serial Number: 31313

Year of Manufacture: 1954

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

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

Maximum Gross Weight: 2800 lbs

Weight at Time of Accident/Incident: 2228 lbs

Number of Seats: 2 Flight Crew Seats: 0

Cabin Crew Seats: 0 Passenger Seats: 1

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 ☒ 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/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | CONTINENTAL         | 0470R               |                              |                            | 235                                                                                                  | 15                    | 15                                   | 15                  |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

**Last Inspection Type**

- ☐ 100-Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☒ Annual ☐ Unknown

Date Last Inspection: 06/2022  
mm/dd/yyyy

Airframe Total Time: 3850 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: TWO MOUNTED IN AIRPLANE

**Propeller 1**

- ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: MCCAULEY

Model: \_\_\_\_\_

**Propeller 2**

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

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:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason: ☐ Impact Damage  
☐ Fire Damage  
☐ Battery Expired/Damaged  
☐ Unknown

**Additional Equipment (Check all that apply)**

- ☐ ADS-B  
☐ Airframe Parachute  
☐ Angle of Attack Indicator  
☐ Autopilot  
☐ Data Recorder  
☐ Electronic Flight Bag or Handheld Device  
☐ Electronic Multifunction Display  
☐ Electronic Primary Flight Display  
☒ Handheld GPS  
☐ Heads Up Display  
☐ Onboard Weather  
☐ Satellite Tracking Device  
☐ Stall Warning System  
☐ Video Recording Device  
☐ Other, Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: DAVID E MEROFractional Ownership Aircraft: ☐ Yes ☒ NoCity: ANCHORAGEState: AKZIP: 99515Country: USA**Operator of Aircraft**☒ Same 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 *AK*  
☐ 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: TALKEETNAAirport Identifier: PATAProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 0 smDirection From Airport: 0 degrees trueAirport Elevation: 365 ft. msl**Runway Information**Runway ID: 01 (L/R/C) Length: 3500 ft Width: 75 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/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: \_\_\_\_\_ 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                                      |
|-------------------------------------------|-------------------------------------------|
| <input type="radio"/> None                | <input type="radio"/> None                |
| <input checked="" type="radio"/> Lap only | <input checked="" type="radio"/> Lap only |
| <input type="radio"/> 3-point             | <input type="radio"/> 3-point             |
| <input type="radio"/> 4-point             | <input type="radio"/> 4-point             |
| <input type="radio"/> 5-point             | <input type="radio"/> 5-point             |
| <input type="radio"/> Unknown             | <input type="radio"/> 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

01/12/2022  
 mm/dd/yyyy

#### Medical Certificate Limitations

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION

#### Medical Certificate Special Issuance

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

05/04/2023  
 mm/dd/yyyy

#### Flight Review Aircraft

Make: CESSNA

Model: 180

#### 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                                                  | 2,800        | 2,100             | 2,800                  |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 2,800        | 2,100             | 2,800                  |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 15           | 15                | 15                     |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 8            | 8                 | 8                      |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 0            |                   |                        |                      |       |            |           |            |        |                  |

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

☐ Pilot

☐ Co-Pilot

☐ Student Pilot

☐ Flight Instructor

☐ Check Pilot

☐ Flight Engineer

☐ Other Flight Crew

“Flight Crewmember 2” was pilot flying

☐ Yes

☐ No

“Flight Crewmember 2” Identification

First Name:

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

☐ Right

☐ Rear

☐ Center

☐ Single

☐ Unknown

Restraint Type

Available

Used

☐ None

☐ Lap only

☐ 3-point

☐ 4-point

☐ 5-point

☐ Unknown

☐ None

☐ Lap only

☐ 3-point

☐ 4-point

☐ 5-point

☐ Unknown

Inflatable Restraints

☐ Not Installed

☐ Installed

☐ Not Deployed

☐ Deployed

☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None

☐ Flight Instructor

☐ Commercial

☐ US Military

☐ Private

☐ Recreational

☐ Airline Transport

☐ Foreign

☐ Student

☐ Sport

☐ Flight Engineer

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

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

☐ Airplane Single-Engine

☐ Airplane Multi-Engine

☐ Gyroplane

☐ Powered Lift

☐ Instrument Airplane

☐ Instrument Helicopter

☐ Helicopter

☐ Glider

☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                      |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Crew Name and Address                                                                                            |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       | Seat Occupied                                                                                                                                                                                                            |                                                                          | Injury                                                                                                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| First Name: _____                                                                                                |  | City of Residence: _____                                                                                              |                                                                                                                                                     |                                                                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right                                                                                                                                |                                                                          | <input type="radio"/> Front<br><input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                    |                                                                                                                                                                                                                     | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                               |  |
| Middle Initial: _____                                                                                            |  | State: _____ ZIP: _____                                                                                               |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Last Name: _____                                                                                                 |  | Country: _____                                                                                                        |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Pilot Certificate(s) (Check all that apply)                                                                      |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       | Restraint Type:                                                                                                                                                                                                          |                                                                          | Inflatable Restraints                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/> None<br><input type="checkbox"/> Private<br><input type="checkbox"/> Student            |  | <input type="checkbox"/> Flight Instructor<br><input type="checkbox"/> Recreational<br><input type="checkbox"/> Sport |                                                                                                                                                     | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Airline Transport<br><input type="checkbox"/> Flight Engineer                                         |                                                                                                                                                                                                                          | <input type="checkbox"/> US Military<br><input type="checkbox"/> Foreign |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       | Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                                                                       |                                                                          | Available<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                                     | Used<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |  |
|                                                                                                                  |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown           |  |
| Crew Name and Address                                                                                            |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       | Seat Occupied                                                                                                                                                                                                            |                                                                          | Injury                                                                                                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| First Name: _____                                                                                                |  | City of Residence: _____                                                                                              |                                                                                                                                                     |                                                                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right                                                                                                                                |                                                                          | <input type="radio"/> Front<br><input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                    |                                                                                                                                                                                                                     | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                               |  |
| Middle Initial: _____                                                                                            |  | State: _____ ZIP: _____                                                                                               |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Last Name: _____                                                                                                 |  | Country: _____                                                                                                        |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Pilot Certificate(s) (Check all that apply)                                                                      |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       | Restraint Type:                                                                                                                                                                                                          |                                                                          | Inflatable Restraints                                                                                                                                                                                         |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| <input type="checkbox"/> None<br><input type="checkbox"/> Private<br><input type="checkbox"/> Student            |  | <input type="checkbox"/> Flight Instructor<br><input type="checkbox"/> Recreational<br><input type="checkbox"/> Sport |                                                                                                                                                     | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Airline Transport<br><input type="checkbox"/> Flight Engineer                                         |                                                                                                                                                                                                                          | <input type="checkbox"/> US Military<br><input type="checkbox"/> Foreign |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       | Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                                                                       |                                                                          | Available<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                                     | Used<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |  |
|                                                                                                                  |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown           |  |
| 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>MONIQUE</u> City: <u>ANCHORAGE</u>                                                                |  |                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | Available<br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                          | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                | Used<br><input type="radio"/> None<br><input checked="" type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                          |  |
| Middle Initial: _____ State: <u>AK</u> ZIP: <u>99515</u>                                                         |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Last Name: <u>KELLY</u> Country: _____                                                                           |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other                |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| First Name: _____ City: _____                                                                                    |  |                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | Available<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown            |                                                                          | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                | Used<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown            |                                                                                                                                                                                                          |  |
| Middle Initial: _____ State: _____ ZIP: _____                                                                    |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Last Name: _____ Country: _____                                                                                  |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                           |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| First Name: _____ City: _____                                                                                    |  |                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | Available<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown            |                                                                          | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                | Used<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown            |                                                                                                                                                                                                          |  |
| Middle Initial: _____ State: _____ ZIP: _____                                                                    |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Last Name: _____ Country: _____                                                                                  |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                           |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| First Name: _____ City: _____                                                                                    |  |                                                                                                                       | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | Available<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown            |                                                                          | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                | Used<br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown            |                                                                                                                                                                                                          |  |
| Middle Initial: _____ State: _____ ZIP: _____                                                                    |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| Last Name: _____ Country: _____                                                                                  |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                           |  |                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                          |  |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>PANC</u><br>City: <u>ANCHORAGE</u><br>State: <u>ALASKA</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Time of Departure</b><br>Time: <u>9:45</u><br>Time Zone: <u>AKST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |
| <b>Destination</b><br>Airport ID: <u>PATK</u><br>City: <u>TALKEENTNA</u><br>State: <u>ALASKA</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                                                                  |                                                                                                  |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Altitude of In-Flight Occurrence:</b><br><u>365</u> ft msl                                    |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> On-Board Weather                                                                                                                                                                                                                                          |  | <b>Weather Observation Facility</b><br>Facility ID: <u>PATK</u><br>Observation Time: <u>9:00 AM</u><br>Time Zone: <u>AKST</u><br>Distance from Accident Site: <u>.04</u> nm<br>Direction from Accident Site: <u>01</u> degrees true                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
| <b>Basic Conditions</b><br><input type="radio"/> VMC<br><input type="radio"/> IMC<br><input checked="" type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                             |                                                                                                  |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input checked="" type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Type of Precipitation (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                  |
| <b>Icing Forecast</b><br>Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown<br>Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown                                                                                            |                                                                                                  |
| <b>Icing Actual</b><br>Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown<br>Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Turbulence</b><br>Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br>Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme                                                                                                                                                                                                                                   |                                                                                                  |
| <b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |

| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aircraft Damage</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Minor<br><input type="radio"/> Substantial<br><input type="radio"/> Destroyed<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Aircraft Fire</b><br><input checked="" type="radio"/> None<br><input type="radio"/> In-Flight<br><input type="radio"/> On-Ground<br><input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> Fire at Unknown Time<br><input type="radio"/> Unknown | <b>Aircraft Explosion</b><br><input checked="" type="radio"/> None<br><input type="radio"/> In-Flight<br><input type="radio"/> On-Ground<br><input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> Explosion at Unknown Time<br><input type="radio"/> Unknown |
| <b>Description of Damage to Aircraft and Other Property</b> <i>(Use additional sheet if necessary)</i><br>RIGHT TIRE AND RIM RIGHT WING TIP RIGHT ELEVATOR ONE RUNWAY LIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                 |
| <b>NARRATIVE HISTORY OF FLIGHT</b> <i>(Please type or print in ink)</i><br>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.<br>ON FINAL TOUCHED DOWN PLANE IMMEDIATE VEERED TO THE RIGHT AND RIGHT WING DROPPED LOWER THAN NORMAL APPLIED LEFT RUDDER AND BRAKE AIRPLANE VEERED OFF RUNWAY TO THE LEFT IN TO THE GRAVEL OFF THE MAIN RUNWAY<br>THE RIGHT FLAT TIRE AND RIM DOUG IN TO THE GRAVEL AND CAUSE THE AIRPLANE TO SPIN AND THE RIGHT WING TIP HIT THE GRAVEL SURFACE DOING DAMAGE TO THE WING.<br>ALL ELECTRONICS AND ENGINE TURNED OFF AND BOTH PILOT AND PASSANGER EXIT THE PLANE.<br>SEVERAL PERSONAL HELP PUT ON A NEW TIRE AND RIM AND RELOCTED THE PLANE TO A TIE DOWN LOCATION<br>PLANE OWNER HAS CONTACTED A A&P/IA TO INSPECT THE AIRCRAFT AND REPAIR AND CONDUCT A ANNUAL INSPECTION. |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                 |

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

Operator/Owner Safety Recommendation

AIRPORT MAINTTENANCE TO CHECK RUNWAYS FOR DEBRIS MORE OFFEN

**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.)

IT APPEARED THE TIRE WENT FLAT AFTER DEPARTURE DO NOT KNOW THE CAUSE THAT DEFLATE THE TIRE AT THIS TIME HAVE A A/8P/IA WORKING AND REPAIRING THE AIRCRAFT

**Total Time/Cycles  
On Part**

15 \_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

15 \_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

60 \_\_\_\_\_ 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**

DID A PRE INSPECTION

**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

AFTER AIRPLANE STOPED ALL ELECTRIC AND ENG WERE TURNED OFF AND THAN PASSAGER AND PILOT EXITED THE PLANE

**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**

7/10/2023

*mm/dd/yyyy*

**Name of Pilot/Operator:** DAVID E MERO

**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.**  
ANC23LA044

**Reviewed by NTSB Regional Office**  
AS-ANC

**Name of Investigator**  
M. Ward

**Date Report Received**  
7/14/2023