

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Brian Francis BilodeauCity: KenaiState: AK ZIP: 99611Fractional Ownership Aircraft: Yes ☒ NoCountry: United States**Operator of Aircraft**

Same As Registered Owner

Name: Brian Francis Bilodeau

Same Address as Registered Owner

City: KenaiState: AK ZIP: 99611

Doing Business As: _____

Country: United States

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

Operating Certificates Held

(Check all that apply)

☒ None

Flag Carrier Operating Certificate (FAR 121)

Supplemental

Air Cargo

Foreign Air Carriers (FAR 129)

Rotorcraft External Load (FAR 133)

Commuter Air Carrier (FAR 135)

On-Demand Air Taxi (FAR 135)

Commercial Air Tour (FAR 136)

Agricultural Aircraft (FAR 137)

Pilot School (FAR 141)

Certificate of Authorization or Waiver (COA)

Commercial Space Transportation

Experimental Permit

Commercial Space Transportation License

Other Operator of Large Aircraft

Regulation Flight Conducted Under☒ FAR 91

FAR 129

FAR 415

FAR 103

FAR 133

FAR 431

FAR 121

FAR 135

FAR 435

FAR 125

FAR 137

FAR 437

FAR 91 Special Flight

Non-US, Commercial

Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces

Federal

State

Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter

Domestic

Non-Scheduled or Air Taxi

International

Passenger

Cargo

Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application

Firefighting

Unknown

Aerial Observation

Flight Test

Air Drop

Glider Tow

Air Race/Show

Instructional

Banner Tow

Other Work Use

Business

☒ Personal

Executive/Corporate

Positioning

External Load

Skydiving

Ferry

Revenue Sightseeing FlightYes ☒ 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: SeldoviaDistance From Airport Center: 35 smAirport Identifier: PASXDirection From Airport: 21 degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip ☒ N/AAirport Elevation: 113 ft. msl**Runway Information** Gravel StripRunway ID: 25/07 (LRC) Length: 2300 ft Width: 60 ft**Condition of Runway/Landing Surface (Check all that apply)**☒ Dry

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

Unknown

Runway/Landing Surface (Check all that apply)

Asphalt

Concrete

Dirt

Grass/Turf

☒ Gravel

Ice

Macadam

Metal/Wood

Snow

Water

Unknown

Approach/Departure Segment (Select one)

Taxi

Takeoff

Initial Climb

☒ VFR Departure

IFR Departure Procedure/Clearance

On Instrument Approach

Landing

Downwind

Base

Final

Crosswind

Low Approach

Go Around

Aborted Landing (after touchdown)

Unknown

IFR Approach (Check all that apply)☒ None

ADF/NDB

SDF

VOR/TVOR

VOR/DME

TACAN

PAR

Sidestep

ILS

Localizer Only

LOC-back course

RNAV

MLS

LDA

ASR

Visual

Contact

Circling

Practice

GPS

Unknown

VFR Approach (Check all that apply)☒ None

Traffic Pattern

Straight-In

Valley/Terrain Following

Go Around

Full Stop

Stop and Go

Touch and Go

Simulated Forced Landing

Forced Landing

Precautionary Landing

Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Brian</u> Middle Initial: <u>F</u> Last Name: <u>Biledean</u> City of Residence: <u>Honolulu</u> State: <u>AK</u> ZIP: <u>99611</u> Country: <u>United States</u> Age at time of Accident/Incident: <u>26</u> Date of Birth: [REDACTED] mm dd yyyy																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied Left Right Center ☒ Front ☐ Rear ☐ Single Unknown			Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance			Date of Last Medical <u>10/27/2023</u> mm dd yyyy																																																																																												
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 1 ☐ Class 2			☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown			Medical Certificate Limitations <u>Must wear corrective lenses</u>																																																																																												
Medical Certificate Special Issuance <u>Sleep Apnea treated with CPAP</u>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>N/A</u> mm dd yyyy				Flight Review Aircraft Make: <u>N/A</u> 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																																																																																											
Type Ratings						Student Endorsements (Include dates) <u>Tailwheel Airplane - 23 June 2023</u>																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>79.9</td> <td>17.9</td> <td>79.9</td> <td>0</td> <td>3.7</td> <td>0</td> <td>3.4</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>23.5</td> <td>7.8</td> <td>23.5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>50.7</td> <td>17.9</td> <td>50.7</td> <td>0</td> <td>3.7</td> <td>0</td> <td>2.4</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>21.9</td> <td>16.4</td> <td>21.9</td> <td>0</td> <td>0</td> <td>0</td> <td>.5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	79.9	17.9	79.9	0	3.7	0	3.4				Pilot in Command (PIC)	23.5	7.8	23.5	0	0	0	0				Time as Instructor	0	0	0	0	0	0	0				This Make/Model					0	0	0				Last 90 Days	50.7	17.9	50.7	0	3.7	0	2.4				Last 30 Days	21.9	16.4	21.9	0	0	0	.5				Last 24 Hours	0	0	0	0	0	0	0			
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"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ 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 <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
None	Flight Instructor	Commercial	US Military														
Private	Recreational	Airline Transport	Foreign														
Student	Sport	Flight Engineer															
Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm dd/yyyy														

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings	Student Endorsements (Include dates)
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					Restraint Type:		Inflatable Restraints		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No Total Flight Time at the Time of this Accident/Incident: _____ hrs					Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					Restraint Type:		Inflatable Restraints		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No Total Flight Time at the Time of this Accident/Incident: _____ hrs					Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown
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>Nicholas</u> City: <u>Lacey</u> Middle Initial: <u>P</u> State: <u>WA</u> ZIP: <u>98516</u> Last Name: <u>Hernandez</u> Country: <u>United States</u> Crew Passenger Other			Left <u>Center</u> Right Unknown Row: _____	None <u>Minor</u> Serious Fatal Unknown	Available None Lap Only <u>3-point</u> 4-point 5-point Unknown Used None Lap Only <u>3-point</u> 4-point 5-point Unknown		<u>Not Installed</u> Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PAHO</u> City: <u>Homer</u> State: <u>AK</u> Country: <u>United States</u>	Time of Departure Time: <u>1545</u> Time Zone: <u>AKST</u>	Destination Airport ID: <u>PASX</u> City: <u>Seldatna</u> State: <u>AK</u> Country: <u>United States</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)				
None	Special VFR	Special IFR	VFR Flight Following	Cruise
VFR	IFR	VFR On Top	<u>Traffic Advisory</u>	Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: <u>600</u> ft msl
Class A	<u>Class G</u>	Military Operations Area (MOA)	Special	
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Weather Observation Facility Facility ID: <u>PAHO</u> Observation Time: _____ Time Zone: <u>AKST</u> Distance from Accident Site: <u>20.7</u> nm Direction from Accident Site: <u>140</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition Clear Few Partial Obscuration ☒ Scattered Thin Broken Thin Overcast Unknown	Ceiling None (Clear) Broken Overcast Obscured Indefinite Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction Variable - or - Direction: _____ degrees true	Wind Speed Calm Light and Variable - or - Speed: _____ kts	Wind Gusts Not Gusting - or - Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy ☒ N/A Unknown	Type of Precipitation (Check all that apply) None Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	Restriction to Visibility (Check all that apply) None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown
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Icing Forecast Amount None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Icing Actual Amount None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply) None Clear Air Terrain-Induced Convective Turbulence Severity Light Moderate Severe Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY					
Aircraft Damage None Minor <u>Substantial</u> Destroyed Unknown	Aircraft Fire <u>None</u> In-Flight On-Ground Both Ground and In-Flight Fire at Unknown Time Unknown	Aircraft Explosion <u>None</u> In-Flight On-Ground Both Ground and In-Flight Explosion at Unknown Time Unknown			
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> Front cowl Bent L/R Gear Bent Left wing tip Damage Right wing Rib damage from egress Left elevator bent Horizontal Stabilizer dented Antenna crushed					
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i> Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible. I was flying from Homer to Soldotna along the coastline as the final leg of a personal sightseeing flight with a friend. While in route I noticed the engine was not producing the correct RPM for the power setting inputted. At Full throttle and full rich mixture, the engine only produced 2300-2400 RPM. Roughly 200 RPM sort of standard. I immediately executed my loss of engine power checklist memory items. Pulled carb heat which resulted in no change. Ensured mixture full rich and then opened flow from both wing tanks to the main tank which resulted in no change. I then noticed the oil pressure and temp both indicated "0". I knew the Minuteman Airport was close by and the engine was still producing a steady 2400 RPM so I began to climb and slowly maneuver over the highway. This gave me an option if I didn't make the airport. I did not land on the beach for 3 reasons, I did not know the condition of the landing surface and didn't have a go-around option, I had never practice soft field/Beach landings in this aircraft and I knew there was a chance we could end up in the water. I made an aircel in distress call on the area CTAF. The rising terrain that the road climbed over meant that I needed to continue to climb. When I began to climb again, the RPM dropped rapidly and the engine began to shake violently, leaving only a windmilling propeller. To prevent landing under the crest of the hill					

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

Operator/Owner Safety Recommendation

Without knowing the cause of the engine failure, I cannot advise at this time

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.)

Unsure what caused failure

Total Time/Cycles
On Part

____ Hours
____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATION

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

13

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify Mix

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

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

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

Both occupants exited out of passenger door, over wing and out of the aircraft after removing safety harness

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.

Narrative cont.

I decided quickly to the road while staying above the cars for a few seconds so they ~~could~~ could see and avoid, on Townsend I realized I was moving too quickly and the cars on the road were trapped on the road by guard rails on either side. In order for me to prevent a collision with a vehicle, I locked up the left brake, applied left rudder and collided with the guard rail, Flipping the Airplane over onto its back off of the Road. me and my passengers then expressed the aircraft unharmful and notified emergency services.

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

Date of this Report <u>01/25/2023</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Brian Francis Beladeau</u> Signature: <u>[Signature]</u> -- or -- Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

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

FOR NTSB USE ONLY

NTSB Accident/Incident No. ANC23LA053	Reviewed by NTSB Regional Office AS ANC	Name of Investigator M. Ward	Date Report Received 8/3/2023
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