

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>New Stuyahok</u> State: <u>AK</u> ZIP: <u>99636</u> Country: <u>USA</u> Latitude: <u>N59 27.09</u> (dd:mm:ss N/S) Longitude: <u>W157 22.39</u> (ddd:mm:ss E/W)		Date/Time Date: <u>12/06/2023</u> Local Time: <u>2:15</u> mm/dd/yyyy Time Zone: <u>Alaska</u>	
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☒ Landing ☐ Approach ☐ Unknown		Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None Altitude of In-Flight Occurrence <u>SURFACE</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>BEECHCRAFT</u> Model: <u>BE-20</u> Serial Number: <u>BB-439</u> Registration Number: <u>N98RA</u>		Max Gross Weight: <u>12500</u> lbs Weight at Time of Accident/Incident: <u>10210</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>186.9</u> inches from ☒ nose or ☐ datum -or- Percent Mean Aerodynamic Cord (% MAC)	
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	

Number of Seats: <u>9</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☒ Retractable Check any additional landing gear configuration that applies: ☒ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown	
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Type of Maintenance Program ☐ Annual ☐ Conditional (Amateur-built only) ☒ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____		Last Inspection Type ☒ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown	
Date Last Inspection: <u>11/21/2023</u> mm/dd/yyyy		Airframe Total Time: <u>14,664.1</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident	

IFR Equipped ☒ Yes ☐ No ☐ Unknown		Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	
Type of Fire Extinguishing System ☒ None ☐ Specify _____			

ELT Installed ELT Activated ☒ Yes ☐ No ☐ Yes ☒ No		ELT Manufacturer: <u>Narco</u> Model/Series: <u>ELT 10</u> Serial Number: <u>UNK</u> Battery Type: <u>BP-1010</u> Battery Exp. Date: <u>06/2024</u>	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No			

Engine Type ☐ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☒ Turbo Prop ☐ Unknown		Reciprocating Fuel System Type ☐ Carburetor ☐ Fuel Injected		Propeller ☐ Fixed Pitch ☒ Controllable Pitch Manufacturer: <u>Hartzell</u> Model: <u>HC-B3TN-3G</u>	
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Pratt & Whitney	PT6A-41	PCE80970			14,412.1	59.6	4323.4
Eng. 2	Pratt & Whitney	PT6A-41	PCE85275			9,994.1	59.6	4973.2
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Denaina Air Taxi LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>1000 Merrill Field vDr</u> State: <u>Alaska</u> ZIP: <u>99501</u> Country: <u>United States of America</u>
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Denaina Air</u> Doing Business As: <u>TransNorthern Aviation</u> Air Carrier/Operator Designator (4 Character Code): <u>TNVO</u>		Operator Address ☐ Same As Registered Owner City: <u>3350 Old Intl Airport Rd</u> State: <u>Anchorage</u> ZIP: <u>99502</u> Country: <u>United States of America</u>
Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☒ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☒ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☒ Non-Scheduled or Air Taxi Domestic or International ☒ Domestic ☐ International Cargo Operation ☒ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Select all that apply) ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☒ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) 		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> DAMAGE TO LEFT WING BEHIND ENGINE NACELLE. PROPS BOTH DAMAGED. NOSE GEAR COLLAPSED.			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>PANW</u>		Distance From Airport Center: <u>0</u> SM	
Airport Name: <u>NEW STUYAHOK</u>		Direction From Airport: <u>0</u> degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip		Airport Elevation: <u>371</u> ft. MSL	
Approach Segment <i>(Select one)</i> ☐ On Instrument Approach ☐ Landing ☐ Base leg ☒ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Stop and Go ☒ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☐ Full Stop ☐ Unknown	
Runway Information Runway ID: <u>32</u> (L/R/C) Length: <u>3281</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☒ Ice Covered ☒ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush Covered ☐ Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☒ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>PAJZ</u> City: <u>KOLIGINEK</u> State: <u>ALASKA</u> Country: <u>USA</u>		Time of Departure Time: <u>2:05</u> Time Zone: <u>ALASKA</u>	
Destination Airport ID: <u>PANW</u> City: <u>NEW STUYAHOK</u> State: <u>ALASKA</u> Country: <u>USA</u>		Type Flight Plan Filed ☐ None ☐ VFR/IFR ☒ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☒ Yes ☐ No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special ☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area ☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown ☐ Class D ☐ Warning Area ☐ Airport Advisory Area			
Aircraft Load Description <i>(Check all that apply)</i> ☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock ☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown ☒ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> <u>225</u> Gallons		Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____ ☐ 100 Low Lead ☒ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5	
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 All 4 passengers walked out the main cabin door.			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>PANW</u> Observation Time: <u>2:12 LCL</u> Time Zone: <u>Alaska</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☒ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report ☐ Unknown ☐ Commercial Weather Service (DUATS)	
Briefing Type/Completeness ☐ Full ☐ Abbreviated ☐ Partial / Limited By Pilot ☐ Unknown ☐ Partial / Limited By Briefer ☒ Not Pertinent		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Day ☐ Night ☐ Bright Night ☐ Not Reported	
Method of Briefing <i>(Check all that apply)</i> ☐ In Person ☐ Teletype ☒ Telephone/Computer ☒ Aircraft Radio ☐ TV/Radio ☐ Unknown		Visibility _____ 1-3 miles	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☒ Scattered		Ceiling ☐ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☒ Overcast ☐ Unknown	
Lowest Cloud Condition Height _____ 500 ft AGL		Ceiling Height _____ 500 ft AGL	
Wind Direction ☒ Indicated: _____ 090 degrees MAG ☐ Variable		Wind Speed Velocity: _____ 8 KTS -or- ☐ Calm ☐ Light and Variable	
Wind Gusts Velocity: _____ 0 KTS ☐ Gusting ☒ Not Gusting		Restriction to Visibility <i>(Check all that apply)</i> ☐ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☒ Unknown	
Wind Gusts ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop		Type of Turbulence <i>(Check all that apply)</i> ☒ None ☐ In Clouds ☐ Clear Air ☐ Vicinity of Thunderstorm	
Severity of Turbulence ☐ Extreme ☐ Moderate ☐ Light ☐ Severe ☐ Moderate Chop			
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident RWY 32 PAPI U/S RWY 14 RWY END ID LGT U/S RWY 14 PAPI U/S RWY 32 RWY END ID LGT U/S RWY 32 FICON 100 PERCENT 1/8 DRY SN APRON ALL FICON 1/8 DRY SN TWY ALL FICON 1/8 DRY SN ODP NEW STU ODP CHANGE			
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount Type ☐ None ☐ Moderate ☐ Rime ☐ Trace ☐ Severe ☐ Clear ☐ Light ☐ Mixed	
Icing Actual Amount Type ☐ None ☐ Moderate ☐ Rime ☒ Trace ☐ Severe ☐ Clear ☐ Light ☐ Mixed		Type of Precipitation <i>(Check all that apply)</i> ☐ None ☐ Drizzle ☐ Rain ☐ Ice Pellets ☐ Snow ☐ Snow Pellets ☐ Hail ☐ Snow Grains ☐ Rain Showers ☐ Ice Crystals ☐ Freezing Rain ☐ Ice Pellets Shower ☐ Snow Shower ☐ Freezing Drizzle	
Intensity of Precipitation ☒ Light ☐ Moderate ☐ Heavy			

Pilot "A" Responsibilities at the Time of Accident/Incident											
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
Pilot "A" Identification											
First Name: DANIEL						City: ANCHORAGE					
Middle Initial: L						State: ALASKA ZIP: 99518					
Last Name: CLUM						Country: USA					
Age at time of Accident/Incident: 57						Date of Birth:		Certificate Number:			
						<i>mm/dd/yyyy</i>					
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness		
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Used ☒ Yes ☐ No Available ☐ Yes ☐ No			Used ☒ Yes ☐ No Available ☐ Yes ☐ No		
Pilot Certificate(s) <i>(Check all that apply)</i>											
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military											
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
☒ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown			☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			06/14/2023 <i>mm/dd/yyyy</i>			
Medical Certificate Limitations											
MUST WEAR CORRECTIVE LENSES FOR ALL DISTANCES											
Medical Certificate Waivers											
NONE											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:						Flight Review Aircraft					
9/9/2023						Make: BEECHCRAFT					
<i>mm/dd/yyyy</i>						Model: BE-20					
Airplane Rating(s) <i>(Check all that apply)</i>		Other Aircraft Rating(s) <i>(Check all that apply)</i>		Instrument Rating(s) <i>(Check all that apply)</i>		Instructor Rating(s) <i>(Check all that apply)</i>					
☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport					
Type Ratings						Student Endorsements <i>(Include dates)</i>					
NONE											
Flight Time <i>(enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		26,825.9	191.9	13265	13560.9	1442	3123	0	0	0	0
Pilot in Command (PIC)		26,825.9	191.9	13265	13560.9	1442	3123	0	0	0	0
Time as Instructor		0	0	0	0	0	0	0	0	0	0
This Make/Model						0	0	0			
Last 90 Days		190.9	190.9	0	190.9	6	20	0	0	0	0
Last 30 Days		68.2	68.2	0	68.2	4	12	0	0	0	0
Last 24 Hours		1.4	1.4	0	1.4	0	0	0	0	0	0

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury

☐ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown
☐ Right
 ☐ Rear
☐ Center
 ☐ Single

Seat Belt

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☐ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

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
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

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
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)

☐ None
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Nick</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Johnson</u> Country: _____						7	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐
First Name: <u>Pam</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Johnson</u> Country: _____						8	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐
First Name: <u>Harvey</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Demantle</u> Country: _____						cp	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐
First Name: <u>Ann</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>Edwards</u> Country: _____						3	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

FLIGHT 98 WAS A 135 FLIGHT. THE ACCIDENT OCCURRED ON THE SECOND LEG OF THE ROUND TRIP FLIGHT. I CHECKED THE WEATHER FROM KOLIGINEK WITH COMPANY AND DETERMINED IT TO BE OKAY PRIOR TO MY DEPARTURE. WHILE ON APPROACH TO NEW STUYAHOK, AS I TURNED FINAL I CONTINUED DESCENDING FOR LANDING. THE LEFT WING DROPPED FOR A SECOND JUST PRIOR TO TOUCHDOWN AND THE AIRCRAFT MADE A HARD LANDING. THE AIRCRAFTS LEFT WING MADE CONTACT WITH A SNOW BERM OUTSIDE THE LIGHTS CAUSING THE AIRCRAFT TO TURN 180 DEGREES AND SLIDE TO A STOP.

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

Operator/Owner Safety Recommendation

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**12/14/2023
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: Daniel I. Cium, Sr.

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**

ANC24LA007

Reviewed by NTSB Regional Office

Anchorage, AK

Name of Investigator

M. Rasmussen

Date Report Received

12/14/2023