

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: FAIRBANKS State: AK
 ZIP: 99709 Country: USA
 Latitude: 65.44° N Longitude: 147.77° W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 8/8/2024 Local Time: 10 am
 mm/dd/yyyy Time Zone: Alaska

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

AIRCRAFT INFORMATION

Registration Number: N 94260
 Manufacturer: Cessna
 Model: A 185 F
 Serial Number: 18503296
 Year of Manufacture: 1977
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

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

Maximum Gross Weight: 3350 lbs
 Weight at Time of Accident/Incident: 2800 lbs
 Number of Seats: 6 Flight Crew Seats: 0
 Cabin Crew Seats: 1 Passenger Seats: 3
 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
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ 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
☐ Turbo Shaft
☐ Turbo Prop
☐ Turbo Jet
☐ Turbo Fan
☐ Electric
☐ Liquid Rocket
☐ Solid Rocket
☐ Hybrid Rocket
☐ None
☐ Unknown

Fuel System Type (Reciprocating)

- ☐ Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Continental</u>	<u>D-520</u>	<u>1012154</u>	<u>?</u>	<u>300 @</u>	<u>1186</u>	<u>60</u>	<u>1186</u>
Eng. 2					<u>2850 RPM</u>			
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 6/30/2024
 mm/dd/yyyy

Airframe Total Time: 5491.8 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: 100 hr

Description of Fire Extinguishing System

- ☐ None
☒ Specify: Fire extinguisher

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCawley
 Model: 3 Bladed / 186"

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
 Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: _____
 Model or Part No.: _____

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (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: not needed!

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: _____

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 ☐ None ☒ Lap only <i>FLTS</i> ☐ 3-point ☒ 4-point <i>Pilot + Co</i> ☐ 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 ☐ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical <u>8/3/2023</u> mm/dd/yyyy
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown				

Medical Certificate Limitations

Must use corrective lenses

Medical Certificate Special Issuance

SODA

Date of Last Flight Review

or Equivalent, Including
FAR 121/135 Checks:

6/17/24
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
Model: 4185F

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)

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	900	170	900	-	27		55	-	-	-
Pilot in Command (PIC)	750	170	750	-	20		55	-	-	-
Time as Instructor	N/A									
This Make/Model										
Last 90 Days	150	130	150	-	11	✓	✓	✓	✓	✓
Last 30 Days	90	80	90	-	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: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ 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 ☐ 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																																																																																												
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Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Limitations 			Medical Certificate Special Issuance 																																																																																												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy					Flight Review Aircraft Make: _____ Model: _____			Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea																																																																																												
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<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr><td>Total Time</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pilot in Command (PIC)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Time as Instructor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>This Make/Model</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Last 90 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Last 30 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Last 24 Hours</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied		Injury	
First Name: _____	City of Residence: _____	☐ Left	☐ Front	☐ None	
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☒ Rear	☐ Minor	
Last Name: _____	Country: _____	☐ Right	☐ Single	☐ Serious	
			☐ Unknown	☐ Fatal	
				☐ Unknown	
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints	
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military		
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign		
☐ Student	☐ Sport	☐ Flight Engineer			
Type Rating/Endorsement for		Total Flight Time at the Time			
Accident/Incident Aircraft? ☐ Yes ☐ No		of this Accident/Incident: _____ hrs			

Crew Name and Address		Seat Occupied		Injury	
First Name: _____	City of Residence: _____	☐ Left	☐ Front	☐ None	
Middle Initial: _____	State: _____ ZIP: _____	☐ Center	☐ Rear	☐ Minor	
Last Name: _____	Country: _____	☐ Right	☐ Single	☐ Serious	
			☐ Unknown	☐ Fatal	
				☐ Unknown	
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints	
☐ None	☐ Flight Instructor	☐ Commercial	☐ US Military		
☐ Private	☐ Recreational	☐ Airline Transport	☐ Foreign		
☐ Student	☐ Sport	☐ Flight Engineer			
Type Rating/Endorsement for		Total Flight Time at the Time			
Accident/Incident Aircraft? ☐ Yes ☐ No		of this Accident/Incident: _____ hrs			

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>Ricardo</u> City: _____	<u>Front</u>	☒ None	Available	Used	☒ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Left	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: <u>Covarrubias</u> Country: _____	☐ Center	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	If Under 5,
	☒ Right	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
	Row: _____		☐ 5-point	☐ 5-point		☐ Unknown
			☐ Unknown	☐ Unknown		
First Name: <u>Sereia</u> City: _____	<u>Behind co-pilot</u>	☒ None	Available	Used	☒ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Left	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: <u>Mapes</u> Country: _____	☐ Center	☐ Serious	☒ Lap Only	☒ Lap Only	☐ Not Deployed	If Under 5,
	☒ Right	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
☐ Crew ☒ Passenger ☐ Other	☐ Unknown	☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
	Row: _____		☐ 5-point	☐ 5-point		☐ Unknown
			☐ Unknown	☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	If Under 5,
	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other		☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
	Row: _____		☐ 5-point	☐ 5-point		☐ Unknown
			☐ Unknown	☐ Unknown		
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	☐ Installed	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Deployed	If Under 5,
	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Deployed	☐ Child Restraint
☐ Crew ☐ Passenger ☐ Other		☐ Unknown	☐ 4-point	☐ 4-point	☐ Unknown	☐ Lap-Held
	Row: _____		☐ 5-point	☐ 5-point		☐ Unknown
			☐ Unknown	☐ Unknown		

FLIGHT ITINERARY INFORMATION				
Last Departure Point		Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>PAFA</u>		Time: <u>9:30am</u>	Airport ID: <u>Mountains</u>	☐ None ☐ VFR/IFR
City: <u>Fairbanks</u>		Time Zone: <u>Alaska</u>	City: <u>Alaska</u>	☒ Company VFR ☐ IFR
State: <u>Alaska</u>			State: <u>Alaska</u>	☐ Military VFR ☐ Unknown
Country: <u>United States</u>			Country: <u>United States</u>	☐ VFR
Activated? ☒ Yes ☐ No ☐ Unknown				
Type of ATC Clearance/Service (Check all that apply)				
☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise				
☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: _____ ft msl
☐ Class A ☐ Class G ☐ 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)		Weather Observation Facility		
☒ National Weather Service ☐ Company		Facility ID: <u>PAFA</u>		
☐ Flight Service Station ☐ Military		Observation Time: <u>8am</u>		
☐ TV/Radio ☒ Internet		Time Zone: <u>Alaska</u>		
☒ Automated Report ☐ None		Distance from Accident Site: <u>38</u> nm		
☐ Commercial Weather Service (DUATS) ☐ Unknown		Direction from Accident Site: <u>345</u> degrees true		
On-Board Weather				
Basic Conditions		Light Condition		
☒ VMC ☐ IMC ☐ Unknown		☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown		
		☒ Day ☐ Night ☐ Bright Night		
Sky/Lowest Cloud Condition		Ceiling		Temperature: _____ (C) or <u>55</u> (F)
☐ Clear ☐ Thin Broken ☐ Obscured		☐ None (Clear) ☐ Indefinite		Dew Point: <u>?</u> (C) or <u>?</u> (F)
☐ Few ☐ Thin Overcast ☐ Overcast		☐ Broken ☐ Unknown		Altimeter Setting: <u>2</u> in. Hg or _____ MB
☐ Partial Obscuration ☐ Unknown				
☐ Scattered				
Lowest Cloud Condition Height		Ceiling Height		
<u>3000</u> ft agl		<u>3000</u> ft agl		
Wind Direction		Wind Speed	Wind Gusts	Visibility <u>10</u> miles
☐ Variable <u>250</u>		☒ Calm ☐ Light and Variable	☒ Not Gusting	RVR: _____ feet
-or- <u>Wind</u>		-or- _____ kts	-or- _____ kts	RVV: _____ miles
Direction: _____ degrees true				Density Altitude: _____ ft
Intensity of Precipitation		Type of Precipitation (Check all that apply)		Restriction to Visibility (Check all that apply)
☒ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		☐ None ☐ Drizzle ☐ Freezing Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Snow Grains ☐ Freezing Drizzle ☐ Ice Crystals		☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown
Icing Forecast		Icing Actual		Turbulence
Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown		Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown		Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence
Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:				
<u>NONE</u>				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None ☐ Substantial
☐ Minor ☒ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

Broke right landing gear off. Damaged left wing tip. Damaged right wing 3/4's up (bent). Substantial tail damage. Broke belly pod.

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

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

On 8/8/24 me and my 2 passengers took off as what looked like a nice flying day. High ceilings, No wind, good visibility. Upon arriving @ the intended landing site, I overflew the runway for a visual inspection and advised my passengers for a possible go-around if I didn't like it. I came in for short final (mountain in the way for a long final) and touched down and started veering to the left. My right rudder/break correction was not enough and I touched/dipped my left wing on some trees (narrow runway). That turned my aircraft to the left (180° twist to the left) and threw us into the trees.

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

Operator/Owner Safety Recommendation

Not landing there at all
I was trying to land on a runway too
short, too narrow for my aircraft and I
was not experienced / firm enough to deny
the request for this flight

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles
On Part

____ Hours
____ Cycles

Time Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATION

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

40

Gallons

Fuel Type

☐ 80/87

☒ 100 Low Lead

☐ 100/130

☐ 115/145

☐ Jet A

☐ Jet A-1

☐ Jet B

☐ JP8

☐ Automotive

☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF 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

Occupants exited through the 2 doors

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

☐ Substantial

☐ Minor

☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: JUEN HALTMANNCity: FAIRBANKSState: AK ZIP: 99709Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: United States

Operator of Aircraft

☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

- ☐ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☒ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
 Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

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

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

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

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

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

☐ Passenger
☐ Cargo
☐ Mail Contract Only

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

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown
☐ Aerial Observation ☐ Flight Test
☐ Air Drop ☐ Glider Tow
☐ Air Race/Show ☐ Instructional
☐ Banner Tow ☐ Other Work Use
☒ Business ☐ Personal
☐ Executive/Corporate ☐ Positioning
☐ External Load ☐ Skydiving
☐ Ferry

Revenue Sightseeing Flight

☐ Yes ☒ No

Air Medical Flight

☐ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Airport Elevation: _____ ft. msl

Runway Information

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

Runway/Landing Surface (Check all that apply)

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

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

- ☐ Dry ☒ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☒ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

- ☐ None
☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

What this accident came down to is that I felt external pressure to conduct it. I felt I'd disappoint my client and wanted to make sure him and his group would have a successful hunt. I went into a strip that I shouldn't have gone in with an aircraft that was too big and too heavy. The strip was too short, too narrow and I made a mistake. plain + simple!

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

Date of this Report

8/13/2024
mm/dd/yyyy

Name of Pilot/Operator:

Signature: JUEN HALTMANN- or - ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: NA

Title: _____

Signature: _____

- or - ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ANC24LA075

Reviewed by NTSB Regional Office

AS-ANC

Name of Investigator

Mward

Date Report Received

8/13/2024