

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents**BASIC INFORMATION****Accident/Incident Location**Nearest City/Place: Girdwood State: AKZIP: 99587 Country: USALatitude: 60.96826 N Longitude: 149.12066 W

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

Accident/Incident Date/TimeDate: 04/12/2025 Local Time: 1200

mm/dd/yyyy

Time Zone: AKDTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N916GGManufacturer: CessnaModel: 182BSerial Number: 52236Year of Manufacture: 1959Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design☐ Kit/Plans

Make: _____

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2650 lbs.Weight at Time of Accident/Incident: 2450 lbs.Number of Seats: 4 Flight Crew Seats: 2Cabin Crew Seats: 0 Passenger Seats: 2Number of Engines: 1**Category of Aircraft**
(Select one)

- ☒ 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 ☐ High Skid
☒ Tricycle ☐ Skid
☐ Tailwheel ☐ Ski/Wheel
☐ Emergency Float ☐ Hull
☐ Float ☐ Ski
☐ Amphibian
☐ 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	Engine 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	Continental	O-470R	211639-72R	1959	240	5010	55	222
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 10/09/2024

mm/dd/yyyy

Airframe Total Time: 5010 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: _____

Additional Equipment

- ☒ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Autopilot/FMS, Model: _____
☐ Coupled Flight Director
☐ Data Recorder
☒ Device Stall Warning System
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Flight Management System

- ☐ Handheld GPS
☐ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Axis (circle one): 2, 3, 4, Model: _____
☒ Satellite Tracking Device
☒ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
☐ Other, Specify: _____

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: ACKModel or Part No.: 014778TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☒ Yes ☐ NoIf activated: Did ELT aid in locating aircraft? ☒ Yes ☐ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ Unknown**Propeller 1**

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCaulley

Model: _____

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: Robert Earl Thiede
 City: Palmer State: AK
 ZIP: 99645 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☐ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: Charles Norman Thiede
 City: Palmer State: AK
 ZIP: 99645 Country: USA

Doing Business As: _____
 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 450
☐ 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
☐ 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 ☐ Unknown

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: Girdwood
 Airport Identifier: AQY
 Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 0 sm.
 Direction From Airport: _____ degrees true
 Airport Elevation: 164 ft. MSL

Runway Information

Runway ID: 02 Length: 2095 ft. Width: 60 ft.

Runway/Landing Surface *(Check all that apply)*

- ☐ Asphalt ☐ Grass/Turf ☐ Ice ☒ Snow
☐ Concrete ☒ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

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 ☐ Unknown
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling

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**

☐ Captain ☐ First Officer ☒ 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: Charles

City of Residence: [REDACTED]

Middle Initial: N

State: AK ZIP: 99645

Last Name: Thiede

Country: USA

Age at time of Accident/Incident: 18

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury ☐ None ☐ Serious ☐ Unknown ☐ Fatal ☒ Minor		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>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) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer				Supplemental Restraint type: _____																	
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 <u>03/29/2023</u> mm/dd/yyyy															
Medical Certificate Limitations				Medical Certificate Special Limitations																	

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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

04/10/2025
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 182B

Airplane Rating(s) (Check all that apply) ☒ 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 Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ Sport					
Type Ratings and Applicable Logbook Endorsements						Student Endorsements (Include dates)					

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	110	90	110		12	1	2					
Pilot in Command (PIC)	30	30	30		2							
Time as Instructor												
This Make/Model					7	1	2					
Last 90 Days	30	30	30		5		2					
Last 30 Days	10	10	10		1		2					
Last 24 Hours												

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ 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 ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>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) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer				Supplemental Restraint type: _____																	
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 Limitations																	

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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) ☐ 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 Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ Sport	
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Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						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.)

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental Restraint type: _____	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.	

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental Restraint type: _____	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.	

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

Number of Passengers <u>1</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Kaylee</u> City: <u>Palmer</u> Middle Initial: <u>A</u> State: <u>AK</u> Zip: <u>99645</u> Last name: <u>Giauque</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other	☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>1</u>	☐ None ☒ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☒ 3-point ☐ 3-point ☒ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental Restraint type: _____	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____					

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PAAQ</u> City: <u>Palmer</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>10:37</u> Time Zone: <u>AKDT</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>AQY</u> City: <u>Girdwood</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company ☐ IFR ☐ VFR ☐ Unknown ☐ Military VFR ☒ VFR Activated? ☒ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply)☐ None☐ Certificate of Authorization☐ Special VFR☐ Special IFR☒ VFR Flight Following☐ Cruise☒ VFR☐ IFR☐ VFR On Top☒ Traffic Advisory☐ Unknown / NA**Type of ATC Clearance/Service (Check all that apply)**☐ Class A☐ Class G☐ Military Operations Area (MOA)☐ Special**Altitude of In-Flight Occurrence:**☐ Class B☐ Demo Area☐ Airport Advisory Area☐ Air Traffic**Control Area**☐ Class C☐ Warning Area☐ Jet Training Area☐ Unknown**5000 ft.**☐ Class D☐ Prohibited Area☐ TRSA**MSL**☒ 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☐ Company☒ Flight Service Station☐ Military☐ TV/Radio☐ Internet☐ Automated Report☐ None☐ Electronic Flight Bag Application☐ Unknown☐ On-Board Weather**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ degrees true

Basic Conditions☒ VMC☐ IMC☐ Unknown**Lowest Cloud Condition****Height**1200 ft. AGL**Light Condition**☐ Dawn☐ Dusk☐ Dark Night☐ Unknown☒ Day☐ Night☐ Bright Night**Sky/Lowest Cloud Condition**☐ Clear☐ Thin Broken☐ None (Clear)☒ Few☐ Thin Overcast☐ Broken☐ Partial☐ Unknown☐ Overcast☐ Obscuration☐ Obscured☐ Scattered☐ Indefinite☒ Unknown**Ceiling**

_____ ft. AGL

Ceiling Height

_____ ft. AGL

Temperature: 2 (°C) or _____ (°F)**Dewpoint: _____** (°C) or _____ (°F)**Altimeter Setting:**

_____ Hg

or

_____ mb

Wind Direction☐ Variable

or

Direction: _____

degrees true

Wind Speed☐ Calm☐ Light and Variable

or

Speed: 5-10 kts**Wind Gusts**☒ Not Gusting

or

Speed: _____ kts

Visibility5 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: -1000ish ft.**Type of Precipitation (Check all that apply)**☐ None☐ Drizzle☐ Freezing Rain☐ Rain☐ Ice Pellets☐ Snow Shower☒ Snow☐ Snow Pellets☐ Ice Pellets Shower☐ Hail☐ Snow Grains☐ Freezing Drizzle☐ Rain Showers☐ Ice Crystals**Restriction to Visibility (Check all that apply)**☐ None☒ Fog☐ Blowing Dust☐ Ground Fog☐ Blowing Sand☐ Haze☐ Blowing Snow☐ Ice Fog☐ Blowing Spray☐ Smoke☐ Dust☐ Unknown**Icing Forecast****Amount**☒ None☐ Trace☐ Light☐ Moderate☐ Severe☐ Unknown**Type**☐ N/A☐ Rime☐ Clear☐ Mixed☐ Unknown**Intensity of Precipitation**☒ Light☐ Moderate☐ Heavy☐ N/A☐ Unknown**Icing Actual****Amount**☒ None☐ Trace☐ Light☐ Moderate☐ Severe☐ Unknown**Type**☐ N/A☐ Rime☐ Clear☐ Mixed☐ Unknown**Turbulence (Check all that apply)****Type**☐ None☐ Clean Air☒ Terrain-Induced☐ Convective**Turbulence****Severity**☐ Light☒ Moderate☐ Severe☐ Extreme**NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

No NOTAMS Applicable, Airmets for mtn obscuration and turbulence Cook Inlet Susitna Valley. No pertinent PIREPS.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None
☐ Minor
☒ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

Propeller Destroyed, Spinner Destroyed, Wings wrinkled and right tip destroyed, Engine damaged and most likely Crank bent, Vertical stabilizer Significantly damaged, Broken Starboard window (from emergency evacuation), Some sort of fuel delivery system component ruptured and was leaking into cabin.

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.

Night before I got online WX forecast to see if we could make flight next day. Winds were supposed to be quite a bit after 1300 local so we elected to go before that. The next morning I arrived at the airport at about 0900 local to start preheating engine. I added a half quart of oil. While engine was preheating I went into Palmer FSS to get FP and WX briefing. He informed me of no relevant NOTAMS, TFRs, or PIREPS. He did give me AIRMETs for Min Obscuration and Turb after 1pm. He gave me all relevant wx info but reminded me that there really isn't any weather products in the area of girdwood other than satellite imagery. The FSS guy there was Justin and I don't know the last name but 2 Justins work there and it was the Justin that drives the Green Chevy SUV not the White Ford truck Justin. I had him file a FP to go over Kink Glacier then come out around E side of ANC thru Crow pass for a total of 45 minutes enroute. I did a thorough preflight inspection and noted there was 22 gallons of fuel left so I topped them off at 55 gallons. Kaylee arrived shortly later and we took off at an estimated time of 1037 local then activated FP and amended it at 1039. This new FP would be for 1 hour enroute and go over Inner Lake George. I flew over Kink Glacier at 4500' so that Kaylee could see the sights; there was light occasionally moderate turb. I saw from a distance that the clouds were low so I turned around to go with my original plan on the E side of ANC at 5000'. After flying over Birchwood I saw clouds were low in the vicinity of Crow Pass so I decided to go thru Turnagain Arm. When passing over Eagle River I contacted Anchorage Approach on 118.6 for flight following. Because of the terrain there was continuous Moderate turb so I decided to descend into Turnagain arm. I contacted Birdpoint/Girdwood RCO mistakenly saying I was 5 miles out when in fact I was 15 miles out. I gave a PIREP for clouds of 1200' and the vis in turnagain arm being maybe 10 miles. While I was giving this PIREP Kenai FS said that I was 2 minutes overdue so this was at 1141. I asked him to extend FP by 15 minutes till 1156. Once I was a few miles out of girdwood I made a CTAF call on 122.9 to do a straight in for a low pass of RNY 02. While doing this low pass I noticed tire tracks from an airplane on the strip indicating a wheeled aircraft had landed there recently. I also believe I saw an airplane with wheels sitting to the right on the taxiway. I gaged the snow depth to be about 6 inches of fairly icy snow (seemed reflective). Once on downwind I did a performance calculation to see if I could take off with 6 inches of snow. Using the performance chart of this airplane at max gross (2650) to clear a 50 ft obstacle at sea level on a standard day (even though the chart is for a regular airplane this airplane has a STOL kit and it was colder than a standard day). It said 1080 ft, so I increased the T/O distance by 50% because of snow which roughly got me a distance of 1600 ft. I then gave me a fudge factor of 20% which in my mental calculations got me to about 1900 ft for a 2095 ft runway and 200 ft safety zones were in place on each end of the runway so I was golden. On Final I had 30 degrees of flaps in and came in and prepared for a soft field landing. Once the main wheels touched it was fine and I gave it a little bit power to cushion the nosewheel down and I was holding full aft elevator with a consistent stall indication. The next part I don't quite remember but Kaylee does, but as soon as the nosewheel touched the snow it dug in hard and slammed the nose down and this was happening for about 100 ft according to the tire tracks. The last 50ish ft it started skidding and went sideways then nosed over and hit the right wing tip and prop then slammed down onto its back violently. The fire extinguisher hit me in the head as it was unsecured and possibly caused me to lose consciousness as well as the generator unsecured in the back hit me in the arm/shoulder. Kaylee's knees hit the dash as she was quite close to the dash. The next point that I remember is dangling from the seatbelt and I said that we need to get out because there was fuel leaking onto me. ELT activated light was flashing and I heard it over the radio. I don't remember the next few things but Kaylee said I kicked out the window because the door would not open and we crawled out.

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

Absolutely verify runway snow depth and type of snow before landing. This snow was so heavy and wet it was more like landing on water than snow. Even a ski equipped aircraft should use extreme caution on this runway. The snow depth was only about or a little over a foot so snow type is very important.

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

55 Useable, 65 total _____ Gallons

Fuel Type

☐ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☒ Other, specify Mix 100LL, Auto 87

Other Services, if any, prior to departure:

In person wx brief and flight plan file at Palmer FSS.

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

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

Starboard side door door latch damaged in crash and door would not open, debris blocked exit from Port side. Fuel leaking inside of cabin so we needed to get out quickly. Kaylee the only passenger opened the window on her side (starboard) and it was not wide enough to get out thru. Once I unbuckled my seatbelt and dropped to the ceiling (upside down) I kicked out the window and broke the track for it. Kaylee crawled out followed by me.

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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

Narrative of flight continued: I don't remember the next few things but Kaylee said I kicked out the window because the door would not open and we crawled out and I layed in the wet (not icy) snow. People heard the crash from nearby buildings and came running out to assist us in getting out of airplane. Fire trucks arrived within maybe 2 minutes and the ambulance followed maybe 3 minutes later. At 1201 Kenai FS called my dad and left a voicemail saying that I was 5 minutes overdue. They called so quickly presumably because when I last contacted them I told them I was about to land. At 1209 he recived the voicemail and then called me and Kaylee with no answer because our phones had flown underneath the dash. 1214 Kenai FS called my dad back and my dad told them something is wrong and to call the RCC. At 1226 RCC was contacted and put out a be on the lookout for this airplane and I belive State Troopers contacted. At 1237 I called my dad from the ambulance. I was in the hospital for about 5 hours with the Trauma team.

Some of the information I gathered from kaylee as it's possible I lost consciousness because certain events I had no recolection of.

Fire extinguishing equipment is a halatron handheld fire extinguisher.

Aircraft owner regestration indicates Ketchikan, he has since moved to Palmer.

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

04/14/2025

mm/dd/yyyy

Name of Pilot/Operator: Charles Norman Thiede

Signature: _____

-or- ☒ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: _____

Title: _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
ANC25LA034	AS-ANC	M.Ward	4/15/2025