

**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: Denali Park State: AKZIP: 99755 Country: USALatitude: 63.22338W Longitude: -150.94702N

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

**Accident/Incident Date/Time**Date: 06/24/2025 Local Time: 18:00  
mm/dd/yyyy HH:MMTime Zone: AKSTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N2655DManufacturer: CessnaModel: 170BSerial Number: 20807Year of Manufacture: 1,952Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: \_\_\_\_\_

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

Maximum Gross Weight: 2,200 lbs.Weight at Time of Accident/Incident: 1,876 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.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | Franklin            | 6A-350-C2           | 52995-3              |                              | 220                                                                                                   | 2,304                    | 64                                   | 873                 |
| Eng. 2 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |

**Last Inspection Type**

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

Date of Last Inspection: 01/18/2025  
mm/dd/yyyyAirframe Total Time: 5,487.5 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, Number of Axes: \_\_\_\_\_ 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: NarcoModel or Part No.: ELT-10TSO 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 ☒ UnknownPropeller 1 ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground AdjustableManufacturer: HartzellModel: HC-C2YF-IBFPropeller 2 ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

Name: Nathan Shepard  
 City: Anchorage State: AK  
 ZIP: 99508 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

**Operator of Aircraft**

☒ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

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: \_\_\_\_\_

Airport Identifier: \_\_\_\_\_

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

Distance From Airport Center: \_\_\_\_\_ sm.

Direction From Airport: \_\_\_\_\_ degrees true

Airport Elevation: \_\_\_\_\_ ft. MSL

**Runway Information**

Runway ID: \_\_\_\_\_ Length: \_\_\_\_\_ ft. Width: \_\_\_\_\_ 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 ☐ 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: Nathan

City of Residence: Anchorage

Middle Initial: J

State: SH ZIP: 99508

Last Name: Shepard

Country: USA

Age at time of Accident/Incident: 36

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****Available**

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

**Used**

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

Supplemental Restraint, specify:                     

**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 ☐ Sport  
☐ Student ☐ 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**

04/07/2025  
 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:**

06/08/2025  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Cessna

Model: U206

**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**

Tailwheel, High Performance, Complex

**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                             | 3,367        | 478               | 3,166                  | 201                  | 74    | 93         | 46        |            |        |                  |                         | 712        |
| Pilot in Command (PIC)                 | 3,319        | 478               | 3,129                  | 190                  | 74    | 93         | 46        |            |        |                  |                         | 709        |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           | 255          | 48                | 194                    | 61                   | 4     | 8          | 1         |            |        |                  |                         | 48         |
| Last 30 Days                           | 81           | 18                | 53                     | 28                   | 0     | 0          | 1         |            |        |                  |                         | 18         |
| Last 24 Hours                          | 3            | 1                 | 1                      | 2                    | 0     | 0          | 0         |            |        |                  |                         | 1          |

**"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****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 ☐ Flight Instructor ☐ Commercial  
☐ US Military ☐ Private ☐ Recreational  
☐ Airline Transport ☐ Foreign ☐ Sport  
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify: \_\_\_\_\_

**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

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

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

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

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

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

### FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                        | Time of Departure                                                    | Flight Information                                | Destination                                                        | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>5Z5</u><br>City: <u>Kantishna</u><br>State: <u>AK</u><br>Country: <u>USA</u> | Time: <u>15:30</u><br><small>HH:MM</small><br>Time Zone: <u>AKST</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: _____<br>City: _____<br>State: _____<br>Country: _____ | <input type="radio"/> None<br><input checked="" type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

**Type of ATC Clearance/Service** (Check all that apply)

- ☐ Certificate of Authorization    ☐ Special VFR    ☐ Special IFR    ☐ VFR Flight Following    ☐ Cruise  
☐ VFR    ☐ IFR    ☐ VFR On Top    ☐ Traffic Advisory    ☒ Unknown / NA  
☐ None

**Airspace where the accident/incident occurred** (Check all that apply)

- ☐ 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

Altitude of In-Flight Occurrence: \_\_\_\_\_ ft. MSL

**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**

6500 ft. AGL

**Light Condition**

- ☐ Dawn    ☐ Dusk    ☐ Dark Night    ☐ Unknown  
☒ Day    ☐ Night    ☐ Bright Night

**Sky/Lowest Cloud Condition**

- ☐ Clear    ☐ Thin Broken  
☐ Few    ☐ Thin Overcast  
☐ Partial    ☐ Unknown  
☐ Obscuration  
☒ Scattered

**Ceiling**

- ☐ None (Clear)  
☒ Broken  
☐ Overcast  
☐ Obscured  
☐ Indefinite  
☐ Unknown

**Ceiling Height**

6500 ft. AGL

Temperature: \_\_\_\_\_ (°C) or 60.4 (°F)

Dewpoint: \_\_\_\_\_ (°C) or \_\_\_\_\_ (°F)

**Altimeter Setting:**

29.92 (Hg), or \_\_\_\_\_ (mb)

**Wind Direction**☒ Variable

or

Direction: \_\_\_\_\_ degrees true

**Wind Speed**

- ☐ Calm  
☐ Light and Variable

Speed: 6.0 or \_\_\_\_\_ kts

**Wind Gusts**☐ Not Gusting

Speed: 8.0 or \_\_\_\_\_ kts

**Visibility**

10.0 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: 4,500.0 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**    **Type**  
☒ None    ☒ N/A  
☐ Trace    ☐ Rime  
☐ Light    ☐ Clear  
☐ Moderate    ☐ Mixed  
☐ Severe    ☐ Unknown  
☐ Unknown

**Intensity of Precipitation**

- ☐ Light  
☐ Moderate  
☐ Heavy  
☒ N/A  
☐ Unknown

**Icing Actual**

- Amount**    **Type**  
☒ None    ☒ N/A  
☐ Trace    ☐ Rime  
☐ Light    ☐ Clear  
☐ Moderate    ☐ Mixed  
☐ Severe    ☐ Unknown  
☐ Unknown

**Turbulence** (Check all that apply)

- Type**    **Severity**  
☒ None    ☐ Light  
☐ Clear Air    ☐ Moderate  
☐ Terrain-Induced    ☐ Severe  
☐ Convective    ☐ Extreme

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                      ☒ 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                ☐ Fire at Unknown Time  
☐ On-Ground              ☐ Unknown

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

LH Gear spring Fractured above Axel Bolts. LH Gear Box torn and peeled a/c skin aft around door post and lower firewall bulkhead. Propeller Tips curled from impact with ground. Engine sudden stop at low idle. Left wing skin stressed and tip cracked damage.

**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.

Departed Kantishna (5Z5) around 15:30 on 6/24/2025. 15 mins enroute to off airport location. Assessed landing area and surrounding terrain for several minutes. Landing at a backcountry strip after another similar type aircraft had successfully landed, I landed just beyond my touch down point and applied brakes early in the landing roll. With good ground contact, I continued the roll out and began to follow the slight dogleg right toward my chosen runway end. Slowing to the slowest tail set-down speed, I dipped into a small depression and after hearing a "clunk" witnessed my left tire rolling out ahead of the plane, separated from the aircraft. Tire and attached axle and fractured lower gear spring were retrieved after egress, roughly 25' ahead of the plane where it rolled to a stop. The impact was not particularly forceful as felt from the cockpit. Within seconds my left gear leg dug into the dirt/gravel and folded below the plane, abruptly stopping and pitching the plane momentarily onto the nose before rocking back to a neutral pitch. The left wing contacted the ground as the gear leg went down into soft gravel and remained banked left wing down. The propeller impacted the ground and curled the tips back and stopped the engine from idle. The distance between the mark of my tire in the depression to where the gear leg sank in was about 12-15 ft. Upon inspection, it showed the gear leg had sheared right at/above the top two axle bolts. No leakage or flames or any other issue created difficulty in egress. am the plane owner and was the sole occupant and there were no injuries to myself, other persons, or any property other than the aircraft.

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

Prior inspection and subsequent treatment of cracks in the left lower gear leg (spring) or replacement before this landing may have prevented the accident. Many years of ski flying and off-airport landings prior to this owner's purchase of the aircraft may have contributed to weakness or cracking in the gear spring.

**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.)

Cessna Left Landing Gear Spring PN 0741001-3. S/N 821202. Fracture above NAS bolts at axel.

Total Time/ Cycles On Part

2,223.0 Hours

\_\_\_\_\_ Cycles

Time Since This Part Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

20.0 Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ 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:

L side Pilot Door. No damage to either door, cabin undamaged.

**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for other aircraft.)

Aircraft Registration Number

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

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

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

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.)

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

|                                                                       |                                                                                                                                                                             |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of this report:</b><br><u>07/07/2025</u><br><i>mm/dd/yyyy</i> | <b>Name of Pilot/Operator:</b> <u>Nathan Shepard</u><br><b>Signature:</b> _____<br>-or- <input checked="" type="checkbox"/> Check here to electronically sign this document |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                |                     |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Name:</b> _____<br><b>Signature:</b> _____<br>-or- <input type="checkbox"/> Check here to electronically sign this document | <b>Title:</b> _____ |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------|

**FOR NTSB USE ONLY**

|                                   |                                     |                             |                             |
|-----------------------------------|-------------------------------------|-----------------------------|-----------------------------|
| <b>NTSB Accident/Incident No.</b> | <b>Reviewed by NTSB AS Division</b> | <b>Name of Investigator</b> | <b>Date Report Received</b> |
| ANC25LA059                        | Anchorage, AK                       | M. Rasmussen                | 07/09/2025                  |