

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: ANCHORAGE State: AK

ZIP: _____ Country: USA

Latitude: 61.21 N Longitude: 149.84 W

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

Accident/Incident Date/Time

Date: 02/13/2016 Local Time: 1200-1400
mm/dd/yyyy

Time Zone: AK

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N-2032U

Manufacturer: MAULE

Model: M-4

Serial Number: 2021C

Year of Manufacture: 1969

Amateur-Built: Yes ☒ No ☐ If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2300 lbs

Weight at Time of Accident/Incident: 2040 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: 1 Passenger Seats: 3

Number of Engines: 1

Category of Aircraft

Airplane
Balloon
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard Special
Normal Restricted
Aerobatic Limited
Balloon Provisional
Commuter Special Flight
Transport Experimental
Utility Special Light-Sport
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

Retractable
Tricycle
Amphibian High Skid
Emergency Float Skid
Float Ski
Hull Ski/Wheel

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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	FRANKLIN	6A-350-C1	52685-2	1969	220	1567	60	5 NEW
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour
AAIP
Annual
Continuous Airworthiness
Conditional Inspection
Unknown

Date Last Inspection: July 2013

mm/dd/yyyy

Airframe Total Time: 1567 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: _____

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: McCawley

Model: 2031C21-E

ELT Installed: Yes No

If Yes:

ELT Manufacturer: American King

Model or Part No.: AK-450

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft: Yes No

If not activated:

Indicate Reason: Impact Damage
Fire Damage
Battery Expired/Damaged
Unknown

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

Additional Equipment (Check all that apply)

ADS-B
Airframe Parachute
Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
Electronic Primary Flight Display
Handheld GPS
Heads Up Display
Onboard Weather
Satellite Tracking Device
Stall Warning System
Video Recording Device
Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: ADVENTURE FLIGHT LLC

City: SCOTTSDALE

State: AZ

ZIP: 85260

Fractional Ownership Aircraft: Yes ☒ No

Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____

ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

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

Regulation Flight Conducted Under

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

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

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

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

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

(Select one)

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

Revenue Sightseeing Flight

Yes ☒ No

Air Medical Flight

Yes ☒ No

AIRPORT INFORMATION

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

Airport Name: MERRILL SWAN LAKE PALH

Distance From Airport Center: _____ sm

Airport Identifier: PAMR none LAKE HOOD

Direction From Airport: _____ degrees true

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

Airport Elevation: 136 2000 72 ft. msl

Runway Information

Runway ID: 25 (L/R/C) Length: 4000 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

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

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

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

Swan Lake & Lake Hood

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

FLIGHT CREWMEMBER 1 INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☒ Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew
 "Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: RON City of Residence: ANCHORAGE
 Middle Initial: L State: AK ZIP: 99516
 Last Name: STAFFORD Country: USA
 Age at time of Accident/Incident: 64 Date of Birth: 1949 mm/dd/yyyy
 Certificate Number: _____

Degree of Injury ☒ None Fatal Minor Unknown Serious	Seat Occupied ☒ Left Front Unknown Right Rear Center Single	Restraint Type Available None ☒ Lap only 3-point 4-point 5-point Unknown Used None ☒ Lap only 3-point 4-point 5-point Unknown	Inflatable Restraints ☒ Not Installed Installed Not Deployed Deployed Unknown
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Pilot Certificate(s) (Check all that apply)

None ☒ Flight Instructor ☒ Commercial US Military
 Private Recreational ☒ Airline Transport Foreign
 Student Sport Flight Engineer

Principal Occupation

Pilot
☒ Other
 Unknown

Medical Certificate

None Class 3
 Class 1 Driver's License (Sport Pilot only)
☒ Class 2 Unknown

Medical Certificate Validity

Without limitations/waivers Unknown
☒ With limitations/waivers N/A
 Special Issuance

Date of Last Medical

04/02/2014
 mm/dd/yyyy

Medical Certificate Limitations

Glasses

Medical Certificate Special Issuance

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

05/26/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: PIPER
 Model: CUB

Airplane Rating(s) (Check all that apply)

None
☒ Single-Engine Land
☒ Single-Engine Sea
☒ Multiengine Land
☒ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

None
 Airship
 Balloon
☒ Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) (Check all that apply)

None
☒ Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) (Check all that apply)

None
☒ Airplane Single-Engine
☒ Airplane Multi-Engine
 Gyroplane
 Powered Lift

☒ Instrument Airplane
 Instrument Helicopter
 Helicopter
☒ Glider
 Sport

Type Ratings

MS-760

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	29,000	300	3,000	12,000	2,000	5,000	50	175	100	
Pilot in Command (PIC)	19,000	300	2,000	12,000	2,000	5,000	50			
Time as Instructor	4,000	100	1,500	2,500	200	1,000	500		20	
This Make/Model					30	30				
Last 90 Days	30		30							
Last 30 Days	10		10							
Last 24 Hours	2	2	2							

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Right Center Front Rear Single Unknown			Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown				Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign				Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A				Date of Last Medical _____ <i>mm/dd/yyyy</i>																																																																																												
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 1 Class 2 Class 3 Driver's License (Sport Pilot only) Unknown			Medical Certificate Limitations NONE																																																																																															
Medical Certificate Special Issuance 		Medical Certificate Special Issuance 																																																																																																		
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																														
Type Ratings 						Student Endorsements <i>(Include dates)</i> 																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew; complete the following information)

Crew Name and Address		Seat Occupied		Injury
First Name: _____	City of Residence: _____	Left	Front	None
Middle Initial: _____	State: _____ ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____	Right	Single	Serious
			Unknown	Fatal
				Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
None	Flight Instructor	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	None	None	
Student	Sport	Lap Only	Lap Only	
	Commercial	3-point	3-point	
	Airline Transport	4-point	4-point	
	Flight Engineer	5-point	5-point	
		Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Yes	No			

Crew Name and Address		Seat Occupied		Injury
First Name: _____	City of Residence: _____	Left	Front	None
Middle Initial: _____	State: _____ ZIP: _____	Center	Rear	Minor
Last Name: _____	Country: _____	Right	Single	Serious
			Unknown	Fatal
				Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
None	Flight Instructor	Available	Used	Not Installed Installed Not Deployed Deployed Unknown
Private	Recreational	None	None	
Student	Sport	Lap Only	Lap Only	
	Commercial	3-point	3-point	
	Airline Transport	4-point	4-point	
	Flight Engineer	5-point	5-point	
		Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Yes	No			

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

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

Last Departure Point Airport ID: <u>PAMR</u> City: <u>ANCHORAGE</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>1200</u> Time Zone: <u>AK</u>	Destination Airport ID: <u>Swan Lake</u> City: _____ State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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None VFR	Special VFR IFR	Special IFR VFR On Top	VFR Flight Following Traffic Advisory	Cruise Unknown / NA
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Class A	<u>Class G</u>	Military Operations Area (MOA)	Special	Altitude of In-Flight
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	Occurrence:
<u>Class C</u>	Warning Area	Jet Training Area	Unknown	<u>NA</u> ft msl
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather AIRPORT ☐ Company ☐ Military Internet ☐ None ☐ Unknown	Weather Observation Facility Facility ID: <u>PAMR</u> Observation Time: <u>1200</u> Time Zone: <u>AK</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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VMC	Dawn	Dusk	Dark Night	Unknown
IMC	Day	Night	Bright Night	
Unknown				

Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ ft agl	None (Clear) Broken Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: <u>unknown</u> (F) Altimeter Setting: _____ in. Hg or _____ MB
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Variable	Calm	Not Gusting	Visibility <u>50-7</u> miles
-or-	Light and Variable		RVR: _____ feet
Direction: <u>330</u> degrees true	-or-	-or-	RVV: _____ miles
Speed: <u>5</u> kts	Speed: _____ kts	Density Altitude: <u>50-100</u> ft	

Precipitation (check all that apply)		Reduced Visibility (check all that apply)	
Light	<u>None</u>	<u>None</u>	Fog
Moderate	Rain	Drizzle	Blowing Dust
Heavy	Snow	Ice Pellets	Ground Fog
NA NONE	Hail	Snow Pellets	Haze
Unknown	Rain Showers	Snow Grains	Ice Fog
		Ice Crystals	Blowing Snow
			Blowing Spray
			Dust
			Unknown

Amount	Type	Amount	Type	Type (Check all that apply)	Severity
None	N/A	None	N/A	None	Light
Trace	Rime	Trace	Rime	Clear Air	Moderate
Light	Clear	Light	Clear	Terrain-Induced	Severe
Moderate	Mixed	Moderate	Mixed	Convective Turbulence	Extreme
Severe	Unknown	Severe	Unknown		
Unknown		Unknown			

8

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
Explosion at Unknown Time
Unknown

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

see attached

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 and location, services obtained, and intended destination. Provide as much detail as possible.

see attached

Took off at PAMR. Passenger inadvertently pushed the left rudder.

While recovering from the left turn, the right main tire hit a taxi way sign.

Passenger and myself both observed no visible damage to the tire, or landing gear.

Proceeded to Swan Lake.

On landing, halfway through the landing roll, all of a sudden the right main tire deflated and the wheel dug in and threw up debris that damaged the right elevator.

Upon inspection the right main landing gear was also bent.

Removed right main tire, made minor repairs, re-aired the tire for take off.

Returned to PALH.

Landed on the ice with a flat right main tire, and was able to taxi in to tiedown.

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

Operator/Owner Safety Recommendation

*Passenger in rear seat,***MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes ☐ No ☒
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)*40* Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

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

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

03/09/2016
mm/dd/yyyy

Name of Pilot/Operator: RON STAFFORD

Signature: 

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
GAA16CA141

Reviewed by NTSB Regional Office
GAAID

Name of Investigator
HICKS, M.

Date Report Received
14MAR2016