

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: <u>KWIGILLINGOK</u> State: <u>AK</u> ZIP: <u>99622</u> Country: <u>USA</u> Latitude: <u>N59°52.54'</u> Longitude: <u>W163°10.08'</u> (Enter in decimal degrees or degrees:minutes:seconds)				Accident/Incident Date/Time Date: <u>12/14/2017</u> Local Time: <u>1323</u> mm/dd/yyyy Time Zone: <u>AK STD.</u>			
AIRCRAFT INFORMATION							
Registration Number: <u>N8209C</u> Manufacturer: <u>PIPER AIRCRAFT CO.</u> Model: <u>PA32R-300</u> Serial Number: <u>32R-7680082</u> Year of Manufacture: <u>1975</u> Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____				☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>3600</u> lbs Weight at Time of Accident/Incident: <u>3401</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>2</u> Passenger Seats: <u>2</u> Number of Engines: <u>1</u>			
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility 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 ☐ Fixed ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ 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/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)
Eng. 1	<u>LYCOMING</u>	<u>IO-540-KIA5D</u>	<u>L-15464-48AC</u>		<u>300</u>		<u>166.0</u>
Eng. 2							
Eng. 3							
Eng. 4							
Last Inspection Type ☒ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☐ Annual ☐ Unknown Date Last Inspection: <u>07/05/2017</u> mm/dd/yyyy Airframe Total Time: <u>12,128.6</u> hrs hours measured at (Select one) ☐ Last Inspection ☒ Time of Accident/Incident				Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>HARTZELL</u> Manufacturer: _____ Model: <u>HC-C3YR-1 () F/F7663R</u> Model: _____			
Type of Maintenance Program (Select one) ☐ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☒ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____				ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ACK 406</u> Model or Part No.: <u>ELT</u> TSO No.: ☐ OC91 (121.5 MHz) ☒ OC91a (121.5 MHz) ☐ OC126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT Activate? ☐ Yes ☒ No If activated: Did ELT Aid in Locating Aircraft: ☐ Yes ☐ No If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown			
Description of Fire Extinguishing System ☐ None ☒ Specify: <u>HAND-HELD COCKPIT MOUNTED</u>				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		City: <u>BETHEL</u>	
Name: <u>MICHAEL W. RENFRO</u>		State: <u>AK</u> ZIP: <u>99559</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No		Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner		☒ Same Address as Registered Owner	
Name: <u>PAKLOOK AIR</u>		City: <u>BETHEL</u>	
Doing Business As: <u>YUTE COMMUTER SERVICE</u>		State: <u>AK</u> ZIP: <u>99559</u>	
Air Carrier/Operator Designator (4 Character Code): <u>T72A</u>		Country: <u>USA</u>	
Operating Certificates Held <i>(Check all that apply)</i> ☐ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☒ Non-Scheduled or Air Taxi ☐ Passenger ☐ Cargo ☐ Mail Contract Only ☒ Domestic ☐ International	
Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☐ Instructional ☐ Other Work Use ☐ Personal ☐ Positioning ☐ Skydiving ☐ Unknown			
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>KWIGILLINGOK</u> Airport Identifier: <u>PAGA</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: <u>21</u> ft. msl	
Runway Information Runway ID: <u>15/33</u> (L/R/C) Length: <u>1835</u> ft Width: <u>40</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☒ Snow-Compacted ☐ Snow-Crusted ☒ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☒ Gravel ☒ Ice ☐ Macadam ☐ Metal/Wood ☒ Snow ☐ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure Clearance ☐ On Instrument Approach ☒ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☒ Shorted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern <u>BASE ONLY</u> ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ 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: <u>ROBERT</u> City of Residence: <u>BETHEL</u> Middle Initial: <u>B</u> State: <u>AK</u> ZIP: <u>99559</u> Last Name: <u>GARRISON</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>72</u> Date of Birth: <u>1945</u> mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
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Principal Occupation ☒ Pilot ☐ Other ☐ Unknown			Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown			Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>11/28/2017</u> mm/dd/yyyy																																																																																											
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
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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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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)					
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☒ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☒ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs		
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs		
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)					
Name and Address First Name: <u>JOHN</u> City: _____ Middle Initial: _____ State: <u>AK</u> ZIP: _____ Last Name: <u>JORDAN</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other		Seat ☐ Left ☒ None ☐ Center ☐ Minor ☒ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown Row: _____	Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☒ 3-point ☒ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	
Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		Age ☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
First Name: <u>LEE</u> City: _____ Middle Initial: _____ State: <u>AK</u> ZIP: _____ Last Name: <u>WILSON</u> Country: <u>USA</u> ☐ Crew ☒ Passenger ☐ Other		Seat ☐ Left ☒ None ☐ Center ☐ Minor ☒ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown Row: <u>1</u>	Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available Used ☐ None ☐ None ☒ Lap Only ☒ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	
Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		Age ☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: <u>NI</u> ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	
Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		Age ☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ None ☐ Center ☐ Minor ☐ Right ☐ Serious ☐ Unknown ☐ Fatal ☐ Unknown ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	
Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		Age ☐ Under 5 years If Under 5: ☐ Child Restraint ☐ Lap-Held ☐ Unknown			

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>PAGE</u> City: <u>BETHEL</u> State: <u>AK</u> Country: <u>USA</u>		Time of Departure Time: <u>1242</u> Time Zone: <u>LCL</u>		Destination Airport ID: <u>PAGE</u> City: <u>KWIGILLINGOK</u> 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					
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA					
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93 ☐ Special ☐ Altitude of In-Flight Occurrence: _____ ft amsl ☐ Air Traffic Control Area ☐ Unknown					
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 ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: <u>PAGE VIX CAM (VISUAL COND. ONLY)</u> Observation Time: <u>1230 LCL</u> Time Zone: <u>AK STD.</u> Distance from Accident Site: <u>LESS THAN 1</u> nm Direction from Accident Site: _____ degrees true		
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night			
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height <u>2200' est.</u> ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height <u>2200 est.</u> ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction ☐ Variable -or- Direction: <u>061° est.</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>8-10</u> kts est.		Wind Gusts ☒ No Gusts -or- Speed: _____ kts	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Snow Shower ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Adh. Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ INTO SUN ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>APPARENTLY AIRPORT NOTAM "NO WINDSOCK" WAS INCORRECT.</u> <u>I TOOK PIC OF ACTIVE WINDSOCK RIGHT AFTER ACCIDENT.</u>					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed ☐ Unknown		Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	
		Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown	
Description of Damage to Aircraft and Other Property (Use additional sheets if necessary) AIRCRAFT: LANDING GEAR SEPERATED FROM AIRFRAME; RT WING OUTER 1/4-1/3 BENT, TORN AND TWISTED; RT STABILATOR OUTER 6"-8" BENT & TORN; PROPELLER ALL BLADES TWISTED AND BENT ATT; COWLING AND UNDER BELLY OF FUSELAGE BENT AND DAMAGED CONSISTANT WITH GEAR FOLDING DURING SIDE-LOADING AS AIRCRAFT SLID & PIVOTED 90° TO RIGHT BEFORE STOPPING. LEFT FUSELAGE BENT & DAMAGED BY REAR DOOR. OTHER: 2 OR 3 ORANGE RUNWAY MARKING CONES DAMAGED; 8 TO 10 GAL OF AVGAS LEAKING WAS ABSORBED WITH HAZMAT DHDOS PROVIDED IN A TIMELY MANNER BY LOCAL TEAM. FUEL SPILL CAME FROM DAMAGED RT WING MAIN TANK. —END DAMAGE REPORT—			
NARRATIVE HISTORY OF FLIGHT			
NARRATIVE ---I was assigned to take 2 pax and baggage from Bethel to Kwigillingok in the Piper Lance, N8209C. Loading and fuel for the flight as follows: A/C Basic Empty Weight-----2130# Fuel (37 gal @ 6# per gal)----- 216# Payload (Pilot, Passengers & Cargo)----1185# T/O Weight-----3531# Fuel Burn @ 15 g.p.h. (10.5 gal)----- 103# (minus) Ldg. Weight-----3401# Max. Gross Weight-----3600# I checked the Wx-cam and departed Bethel 1242 (Lcl). The flight to KWK was uneventful. When passing near Tuntutluiak (WTL), I heard an aircraft with "ALPHA VICTOR" call sign make a position report on 122.7 freq. I inquired of that pilot his departure point. He responded, "Kwig." So I asked him the conditions at that airstrip. His response was that there was a broken ceiling with good visibility and the wind was Northeast at about 10 kts. I had some concern about landing at KWK and having to make a 180 degree Turn-around on the narrow runway. This concern grew in my mind as I got closer. I decided to use see if I could use runway 15 for landing so I could turn directly from the runway onto the ramp, which (if you look at the airport diagram) is about 2/3rds to 3/4rs of the way from the rwy 15 threshold. Also, when I saw the windsock It was my judgment that there was more of a crosswind than a tailwind. So, these factors and that it is also one of the shortest we use out of Bethel, made me try to land as close to the threshold as possible. As I turned final the low sun in my face added to my judgment difficulty and I touched down short. The right main gear plowed through some deep snow and I believe this caused the scissor-link to break, Allowing that wheel to pivot 90 degrees to the side. The result was that aircraft was pulled to the right and I could not steer it back on the runway. The right gear Was then sheared off, causing the right wing to contact the snow berm on the right of the runway damaging it as well as the right stabilator. The propeller hit the ground and the cowling was damaged. The other landing gear folded and the aircraft pivoted 90 degrees. as it plowed to a halt, further damaging the fuselage and other parts. I checked for any injuries and made sure the passengers evacuated the aircraft. Local police and the Kwigillingok Airport Manager, Harry Friend [redacted] responded very quickly. Fuel containment procedures were begun with absorbent pads for fuel was leaking from the damaged right wing tank. The left wing appeared to have remained intact. Approximately 8 to 10 gallons of Avgas were recovered with the anti-contamination procedures, I was told. Which seemed correct considering the landing fuel load. I then called Yute Dispatch and the Director of Ops--Tonty Spangler. I then got a call from Ernie Turrentine, Chief Pilot. The NTSB was notified and I received a call from Morden Price about 1500 hrs (Lcl) and gave her a Preliminary Report of the events which had transpired.			

ROBERT B. GARRISON, Pilot-in-command, N8209C

RECOMMENDATION (How could this accident/incident have been prevented?)		
Operator/Owner Safety Recommendation 1) PILOT FOCUSED TOO MUCH ON TAXI AND TURN-AROUND WHILE LANDING DUE TO FAIRLY NARROW (40') RUNWAY. THIS WAS A DISTRACTION TO FLYING A PROPER STABILIZED APPROACH. 2) PILOT COULD HAVE USED RWY 33 AND NOT HAD SAN IN EYES DURING LANDING. 3) PILOT DID NOT HOLD CENTERLINE DURING SHORT FINAL AND DID TOUCHDOWN SHORT AND RIGHT OF CENTERLINE. 4) A GO AROUND SHOULD HAVE BEEN INITIATED IF APPROACH WAS NOT STABILIZED. 5) OVER-FLYING THE AIRSTRIP, EVALUATING ALL CONDITIONS TO SELECT RUNWAY WITH BEST ADVANTAGE. 6) DO NOT HURRY THE LANDING.		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours	
FUEL & SERVICES INFORMATION		
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) _____ 37 Gallons	Fuel Type ☐ 80/87 ☐ 115/165 ☐ 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 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. RIGHT FRONT SEAT PASSENGER UNLATCHED AND OPENED DOOR & EXITED RIGHT ROW 1 SEAT PASSENGER EXITED THRU MAIN CABIN DOOR. PILOT FRONT SEAT LEFT FOLLOWED PASSENGERS AFTER SHUTTING OFF FUEL AND ALL SWITCHES.		
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 ☐ Minor
		☐ Substantial ☐ 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.

HEADWIND CROSSWIND COMPONENTS FOR RWY 15 @ PAGE
 RWY HDG 150° MAG.
 EST. WIND 050° MAG. AT 8-10 KT
 TAILWIND 10° CROSSWIND 80°

$$\begin{array}{r} 10 \text{ KT} \\ \times .1 \\ \hline 1.0 \text{ KT} \end{array}$$

$$\begin{array}{r} 10 \text{ KT} \\ \times .8 \\ \hline 8.0 \text{ KT} \end{array}$$

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

Date of this Report: 01/01/2018 Name of Pilot/Operator: ROBERT GARRISON
 Signature: [REDACTED]
 -- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report
 Name: N/A Title: _____
 Signature: _____
 -- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. GAA18CA088	Reviewed by NTSB Regional Office GAAID	Name of Investigator HICKS, M.	Date Report Received 02JAN2018
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