

# 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: NENANA State: AK  
 ZIP: \_\_\_\_\_ Country: USA  
 Latitude: 64° 31' 61" 21' 51" Longitude: 150° 32' 13"  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 02 11 2018 Local Time: 2 30 PM  
*mm/dd/yyyy* Time Zone: ALASKA

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

## AIRCRAFT INFORMATION

Registration Number: N2317C  
 Manufacturer: CESSNA  
 Model: 182  
 Serial Number: 30647  
 Year of Manufacture: 1953  
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

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

Maximum Gross Weight: 2950 lbs  
 Weight at Time of Accident/Incident: 2000 lbs  
 Number of Seats: 2 Flight Crew Seats: 1  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 1  
 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)*

- |                                                                       |                                                   |
|-----------------------------------------------------------------------|---------------------------------------------------|
| <b>Standard</b>                                                       | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal                            | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic                                    | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon                                      | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter                                     | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport                                    | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility                                      | <input type="checkbox"/> Special Light-Sport      |
|                                                                       | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) |                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> Unknown        |                                                   |

### Landing Gear

*(Check all that apply)*

- ☐ Retractable
- ☐ Tricycle ☒ Tailwheel
- ☐ Amphibian ☐ High Skid
- ☐ Emergency Float ☐ Skid
- ☐ Float ☒ Ski
- ☐ Hull ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None ☐ Unknown

### Engine Type (Select one)

- ☒ Reciprocating ☐ 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.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | CONTINENTAL         | 470                 | 21195-72R                    |                                   | 230                                                                                                  | 3518                  | 5                                    | 274                 |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 09 22 2017  
*mm/dd/yyyy*

Airframe Total Time: 5400 5395 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: PIPER

Model: 2A34C203-C

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: Q

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: AIKEX

Model or Part No.: UNKWN

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

### 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>NICHAE ALLEN</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City: <u>FAIRBANKS</u><br>State: <u>AK</u> ZIP: <u>99701</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>PALEN AIR LLC</u><br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): <u>3E17A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Same Address as Registered Owner<br>City: <u>FAIRBANK</u><br>State: <u>AK</u> ZIP: <u>99701</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br>Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft                                                                                         | <b>Regulation Flight Conducted Under</b><br><input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431<br><input type="checkbox"/> FAR 121 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437<br><br><input type="checkbox"/> FAR 91 Special Flight<br><input type="checkbox"/> Non-US, Commercial<br><input type="checkbox"/> Non-US, Non-commercial<br><br><input type="checkbox"/> Public Aircraft <i>(Select one)</i><br><input type="checkbox"/> Armed Forces<br><input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input type="checkbox"/> Local<br><input type="checkbox"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter<br/> <input checked="" type="radio"/> Non-Scheduled or Air Taxi<br/> <input type="radio"/> Passenger<br/> <input checked="" type="radio"/> Cargo<br/> <input type="radio"/> Mail Contract Only             </div> <div> <input type="radio"/> Domestic<br/> <input type="radio"/> International             </div> </div><br><b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Aerial Application<br/> <input type="radio"/> Aerial Observation<br/> <input type="radio"/> Air Drop<br/> <input type="radio"/> Air Race/Show<br/> <input type="radio"/> Banner Tow<br/> <input type="radio"/> Business<br/> <input type="radio"/> Executive/Corporate<br/> <input type="radio"/> External Load<br/> <input type="radio"/> Ferry             </div> <div> <input type="radio"/> Firefighting<br/> <input type="radio"/> Flight Test<br/> <input type="radio"/> Glider Tow<br/> <input type="radio"/> Instructional<br/> <input type="radio"/> Other Work Use<br/> <input type="radio"/> Personal<br/> <input type="radio"/> Positioning<br/> <input type="radio"/> Skydiving             </div> <div> <input type="radio"/> Unknown             </div> </div> |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Airport Name:</b> _____<br><b>Airport Identifier:</b> _____<br><b>Proximity to Airport:</b> <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Distance From Airport Center:</b> <u>45</u> sm<br><b>Direction From Airport:</b> <u>250</u> degrees true<br><b>Airport Elevation:</b> <u>0</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Runway Information</b><br>Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Dry<br/> <input type="checkbox"/> Holes<br/> <input type="checkbox"/> Ice Covered<br/> <input checked="" type="checkbox"/> Rough<br/> <input type="checkbox"/> Rubber Deposits<br/> <input type="checkbox"/> Slush-Covered             </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted<br/> <input type="checkbox"/> Snow-Crusted<br/> <input checked="" type="checkbox"/> Snow-Dry<br/> <input type="checkbox"/> Snow-Wet<br/> <input type="checkbox"/> Soft<br/> <input type="checkbox"/> Vegetation             </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm<br/> <input type="checkbox"/> Water-Choppy<br/> <input type="checkbox"/> Water-Glassy<br/> <input type="checkbox"/> Wet<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> Asphalt<br/> <input type="checkbox"/> Concrete<br/> <input type="checkbox"/> Dirt             </div> <div style="width: 25%;"> <input type="checkbox"/> Grass/Turf<br/> <input type="checkbox"/> Gravel<br/> <input checked="" type="checkbox"/> Ice             </div> <div style="width: 25%;"> <input type="checkbox"/> Macadam<br/> <input type="checkbox"/> Metal/Wood<br/> <input checked="" type="checkbox"/> Snow             </div> <div style="width: 25%;"> <input type="checkbox"/> Water<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi<br/> <input type="radio"/> Takeoff<br/> <input type="radio"/> Initial Climb             </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure<br/> <input type="radio"/> IFR Departure Procedure/Clearance             </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach<br/> <input checked="" type="radio"/> Landing             </div> <div style="width: 25%;"> <input type="radio"/> Downwind<br/> <input type="radio"/> Base<br/> <input type="radio"/> Final<br/> <input type="radio"/> Crosswind             </div> <div style="width: 25%;"> <input type="radio"/> Low Approach<br/> <input type="radio"/> Go Around<br/> <input type="radio"/> Aborted Landing (after touchdown)<br/> <input type="radio"/> Unknown             </div> </div>                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> ADF/NDB<br/> <input type="checkbox"/> SDF<br/> <input type="checkbox"/> VOR/TWOR<br/> <input type="checkbox"/> VOR/DME<br/> <input type="checkbox"/> TACAN             </div> <div style="width: 25%;"> <input type="checkbox"/> PAR<br/> <input type="checkbox"/> Sidestep<br/> <input type="checkbox"/> ILS<br/> <input type="checkbox"/> Localizer Only<br/> <input type="checkbox"/> LOC-back course<br/> <input type="checkbox"/> RNAV             </div> <div style="width: 25%;"> <input type="checkbox"/> MLS<br/> <input type="checkbox"/> LDA<br/> <input type="checkbox"/> ASR<br/> <input type="checkbox"/> Visual<br/> <input type="checkbox"/> Contact<br/> <input type="checkbox"/> Circling             </div> <div style="width: 25%;"> <input type="checkbox"/> Practice<br/> <input type="checkbox"/> GPS<br/> <input type="checkbox"/> Unknown             </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Traffic Pattern<br/> <input type="checkbox"/> Straight-In<br/> <input type="checkbox"/> Valley/Terrain Following<br/> <input type="checkbox"/> Go Around<br/> <input checked="" type="checkbox"/> Full Stop             </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go<br/> <input type="checkbox"/> Touch and Go<br/> <input type="checkbox"/> Simulated Forced Landing<br/> <input type="checkbox"/> Forced Landing<br/> <input type="checkbox"/> Precautionary Landing<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>MICHAEL <del>ALLEN</del></u> City of Residence: <u>FAIRBANKS</u><br>Middle Initial: <u>G H</u> State: <u>AK</u> ZIP: <u>99701</u><br>Last Name: <u>ALLEN</u> Country: <u>USA</u><br>Age at time of Accident/Incident: <u>46</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy<br>Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                 |                                            |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single |                                      | <b>Restraint Type</b><br><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |                                            |                                                                                                                                                                                                                                                                                               | Available                                                                                                             | Used                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> None            | <input type="radio"/> None                                                                                                                                                                                          | <input type="radio"/> Lap only   | <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> 3-point  | <input type="radio"/> 3-point            | <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point                                                                                                                                                                                                                           | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown                                                                                                          | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" 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 |  |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Used                                       |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/> None                 |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="radio"/> Lap only             |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> 3-point              |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <input checked="" type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="radio"/> 4-point   |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> 5-point              |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Unknown              |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><table style="width:100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input checked="" type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input checked="" type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |                                            |                                                                                                                                                                                                                                                           |                                      | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Flight Instructor | <input checked="" type="checkbox"/> Commercial                                                                                                                                                                                                                                                | <input type="checkbox"/> US Military                                                                                  | <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Recreational | <input checked="" type="checkbox"/> Airline Transport                                                                                                                                                               | <input type="checkbox"/> Foreign | <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                                          | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input checked="" type="radio"/> Special Issuance |                               |                               | <b>Date of Last Medical</b><br><u>10 MAY 2017</u><br><span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy |                               |                                                                                                                                                                                                                                           |  |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Flight Instructor | <input checked="" type="checkbox"/> Commercial                                                                                                                                                                                                            | <input type="checkbox"/> US Military |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Recreational      | <input checked="" type="checkbox"/> Airline Transport                                                                                                                                                                                                     | <input type="checkbox"/> Foreign     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown          |                                      | <b>Medical Certificate Limitations</b><br><u>MUST WEAR CORRECTIVE LENSES</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                                                                                                                                               | <b>Medical Certificate Special Issuance</b><br><span style="background-color: black; color: black;">[REDACTED]</span> |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>12-27-2017</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | <b>Flight Review Aircraft</b><br>Make: <u>PILATUS</u><br>Model: <u>PC 12</u>                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea |                                                                                                                       | <b>Other Aircraft Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                       | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                  | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <b>Type Ratings</b><br><u>Ø</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | <b>Student Endorsements (Include dates)</b><br><u>Ø</u>                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| <b>Flight Time (Enter appropriate number of hours in each box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | All Aircraft                                                                                                                                                                                                                                              | This Make & Model                    | Airplane Single Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Airplane Multiengine                       | Night                                                                                                                                                                                                                                                                                         | Instrument                                                                                                            |                                                                                                                                                                                                                                                                                                                          | Rotorcraft                            | Glider                                                                                                                                                                                                              | Lighter Than Air                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | 15.000 EST                                                                                                                                                                                                                                                | 25.000 EST                           | 75.000 EST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 5.000 EST                                                                                                                                                                                                                                                                                     | 5.000 EST                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | 15.000 EST                                                                                                                                                                                                                                                | 25.000 EST                           | 75.000 EST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 5.000 EST                                                                                                                                                                                                                                                                                     | 5.000 EST                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            | 18                                                                                                                                                                                                                                                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | 5.0                                                                                                                                                                                                                                                       | 1.0                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | 1.0                                                                                                                                                                                                                                                       | .5                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Ø                                                                                                                                                                                                                                                         | Ø                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                          |                                          |                                                                                                                                                                                                                                                                    |                               |                               |                                                                                                                                        |                               |                                                                                                                                                                                                                                           |  |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>Last Departure Point</b><br>Airport ID: <u>PANN</u><br>City: <u>NEENAH</u><br>State: <u>AK</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Time of Departure</b><br>Time: <u>2 00 PM</u><br>Time Zone: <u>ALASKA</u>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Destination</b><br>Airport ID: <u>OFF AIRPORT</u><br>City: <u>Q</u><br>State: <u>AK</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                    |
| <b>Type Flight Plan Filed</b><br><input type="radio"/> None <input type="radio"/> VFR/IFR<br><input checked="" type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input checked="" type="radio"/> VFR<br>Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Special VFR</div> <div style="width: 50%;"><input type="checkbox"/> Special IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 50%;"><input type="checkbox"/> Cruise</div> <div style="width: 50%;"><input type="checkbox"/> VFR</div> <div style="width: 50%;"><input type="checkbox"/> IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 50%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 50%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Class A</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Class G</div> <div style="width: 33%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 33%;"><input type="checkbox"/> Special</div> <div style="width: 33%;"><input type="checkbox"/> Class B</div> <div style="width: 33%;"><input type="checkbox"/> Demo Area</div> <div style="width: 33%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 33%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 33%;"><input type="checkbox"/> Class C</div> <div style="width: 33%;"><input type="checkbox"/> Warning Area</div> <div style="width: 33%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input type="checkbox"/> Class D</div> <div style="width: 33%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 33%;"><input type="checkbox"/> TRSA</div> <div style="width: 33%;"></div> <div style="width: 33%;"><input type="checkbox"/> Class E</div> <div style="width: 33%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 33%;"><input type="checkbox"/> FAR 93</div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl                                                                                                                                                                                                                                                                                                             |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input type="checkbox"/> National Weather Service<br><input checked="" type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: <u>FAL FSS</u><br>Observation Time: <u>0800 → NOON → 1 00 PM</u><br>Time Zone: <u>ALASKA</u><br>Distance from Accident Site: <u>40</u> nm<br>Direction from Accident Site: <u>070</u> degrees true                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input checked="" type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br><u>EST 3 - 5000</u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Ceiling</b><br><input type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input checked="" type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br><u>3 - 5000</u> ft agl                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Temperature:</b> _____ (C) or <u>10</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB                                                                                                                                                                                                                  |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>15</u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                           | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Type of Precipitation (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                                                                                                                                                                                                                                                                                            | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Icing Forecast</b><br>Amount: <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown<br>Type: <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Icing Actual</b><br>Amount: <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown<br>Type: <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Turbulence</b><br>Type (Check all that apply): <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br>Severity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><u>PANN AND PAPA ONLY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                      |

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

- ☐ None      ☒ Substantial  
☐ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

RIGHT WING, AIRFRAME, HORIZONTAL, LAND GEAR

**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.

SKY LANDING AT UNIMPROVED SURFACE. LANDED SHORT AND HARD DURING STOL OPERATIONS DUE TO ADM AND WINDSHEAR/GUST. AIRCRAFT SLID AND SHEARED SKY ON RIGHT SIDE. RESULTING IN LOSS OF DIRECTIONAL CONTROL RESULTING IN DAMAGE

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

Operator/Owner Safety Recommendation

ADIT REVIEW AND BETTER SPIN PROCEDURES.

**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)

30

Gallons

Fuel Type

☐ 80/87☒ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Jet A-1☐ Jet B☐ JP8☐ Automotive☐ Other, specify \_\_\_\_\_

Other Services, if Any, Prior to Departure

X

**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

CABIN DOOR, 1 PERSON

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

Aircraft Registration Number

~~NZ~~

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

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

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

2 13 18

mm/dd/yyyy

Name of Pilot/Operator: MICHAEL ALLENSignature: 

- 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.

GAA18CA126

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kathryn Benhoff

Date Report Received

2/19/2018