

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: UPPER PINGSTON CREEK State: AK

ZIP: _____ Country: USA

Latitude: N 62° 39.981 Longitude: W 152° 44.596

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

Accident/Incident Date/Time

Date: 08/20/2018 Local Time: 8:30 AM
mm/dd/yyyy

Time Zone: ALASKA

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

AIRCRAFT INFORMATION

Registration Number: N6727A

Manufacturer: PIPER

Model: PA-18-150

Serial Number: 18-8109031

Year of Manufacture: 1981

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

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

Maximum Gross Weight: 1750 lbs

Weight at Time of Accident/Incident: 1725 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 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)

Standard

- ☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☒ Utility

Special

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

- ☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear

(Check all that apply)

- ☐ Retractable
☐ 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. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	O-320-A2B	L-49658-27A	01/30/1981	160	2621.0	N/A	666.0
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 04/19/2018
mm/dd/yyyy

Airframe Total Time: 2621.0 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: MCCAULEY

Model: 1A175 GM8241

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ARTEX

Model or Part No.: ELT 10 P/N BS 2166

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

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☒ Yes ☐ No

If not activated:

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

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

Additional Equipment (Check all that apply)

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

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: ALASKA DALL SHEEP GUIDES, LLC ^{MANAGER/OWNER} EDMUND MONT MAHONEYCity: BIG LAKEState: ALASKAZIP: 99652Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☐ Same As Registered Owner☒ Same Address as Registered OwnerName: EDMUND MONT MAHONEYCity: BIG LAKEDoing Business As: ALASKA DALL SHEEP GUIDES, LLCState: ALASKAZIP: 99652

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

Country: USA**Operating Certificates Held**

(Check all that apply)

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

Regulation Flight Conducted Under

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

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

☐ Public Aircraft (Select one)

- ☐ Armed Forces
☐ Federal
☐ State
☐ Local

☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International

- ☐ Passenger
☐ Cargo
☐ Mail Contract Only

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

(Select one)

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

Revenue Sightseeing Flight☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: N/AAirport Identifier: N/AProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/ADistance From Airport Center: N/A smDirection From Airport: N/A degrees trueAirport Elevation: 2700 ft. msl**Runway Information**Runway ID: N/A (L/R/C) Length: 750 ft Width: 10 ft**Runway/Landing Surface** (Check all that apply)

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

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: EDMUND City of Residence: BIG LAKE

Middle Initial: M State: ALASKA ZIP: 99652

Last Name: MAHONEY Country: USA

Age at time of Accident/Incident: 72 Date of Birth: mm/dd/yyyy

Certificate Number:

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☒ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☒ Flight Engineer		Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☒ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	Date of Last Medical <u>06/05/2018</u> mm/dd/yyyy	

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 12/08/2017
mm/dd/yyyy

Flight Review Aircraft

Make: GULFSTREAM

Model: G-IV SIMULATOR

Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings

B-727, B-737, G-1159, G-IV

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	21,618	4,509	6,759	14,859						
Pilot in Command (PIC)	16,853	4,509	5,600	11,259						
Time as Instructor	1,200	0	500	700						
This Make/Model										
Last 90 Days	81	73	73	8						
Last 30 Days	10	10	10	0						
Last 24 Hours	1	1	1	0						

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Restraint Type

Available

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

Used

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

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

N/A

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

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

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

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

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address					Seat Occupied		Injury			
First Name: _____		City of Residence: _____			☐ Left ☐ Front		☐ None			
Middle Initial: _____		State: _____ ZIP: _____			☐ Center ☐ Rear		☐ Minor			
Last Name: _____		Country: _____			☐ Right ☐ Single		☐ Serious			
					☐ Unknown		☐ Fatal			
							☐ Unknown			
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
☐ None		☐ Flight Instructor		☐ Commercial		☐ US Military				
☐ Private		☐ Recreational		☐ Airline Transport		☐ Foreign				
☐ Student		☐ Sport		☐ Flight Engineer						
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Available		Used		
						☐ None		☐ None		
						☐ Lap Only		☐ Lap Only		
						☐ 3-point		☐ 3-point		
						☐ 4-point		☐ 4-point		
						☐ 5-point		☐ 5-point		
						☐ Unknown		☐ Unknown		
							☐ Not Installed			
							☐ Installed			
							☐ Not Deployed			
							☐ Deployed			
							☐ Unknown			
Crew Name and Address					Seat Occupied		Injury			
First Name: _____		City of Residence: _____			☐ Left ☐ Front		☐ None			
Middle Initial: _____		State: _____ ZIP: _____			☐ Center ☐ Rear		☐ Minor			
Last Name: _____		Country: _____			☐ Right ☐ Single		☐ Serious			
					☐ Unknown		☐ Fatal			
							☐ Unknown			
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints			
☐ None		☐ Flight Instructor		☐ Commercial		☐ US Military				
☐ Private		☐ Recreational		☐ Airline Transport		☐ Foreign				
☐ Student		☐ Sport		☐ Flight Engineer						
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Available		Used		
						☐ None		☐ None		
						☐ Lap Only		☐ Lap Only		
						☐ 3-point		☐ 3-point		
						☐ 4-point		☐ 4-point		
						☐ 5-point		☐ 5-point		
						☐ Unknown		☐ Unknown		
							☐ Not Installed			
							☐ Installed			
							☐ Not Deployed			
							☐ Deployed			
							☐ Unknown			
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)										
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age			
First Name: <u>VINCENT</u> City: <u>[REDACTED]</u>		☐ Left ☐ Center ☐ Right ☐ Unknown REAR Row: _____	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	54 ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
Middle Initial: <u>G</u> State: <u>LA</u> ZIP: <u>70809</u>				☐ None	☐ None					
Last Name: <u>MISURACA</u> Country: <u>USA</u>				☐ Lap Only	☐ Lap Only					
☐ Crew ☒ Passenger ☐ Other				☒ 3-point	☒ 3-point					
				☐ 4-point	☐ 4-point					
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
Middle Initial: _____ State: _____ ZIP: _____				☐ None	☐ None					
Last Name: _____ Country: _____				☐ Lap Only	☐ Lap Only					
☐ Crew ☐ Passenger ☐ Other				☐ 3-point	☐ 3-point					
				☐ 4-point	☐ 4-point					
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
Middle Initial: _____ State: _____ ZIP: _____				☐ None	☐ None					
Last Name: _____ Country: _____				☐ Lap Only	☐ Lap Only					
☐ Crew ☐ Passenger ☐ Other				☐ 3-point	☐ 3-point					
				☐ 4-point	☐ 4-point					
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown			
Middle Initial: _____ State: _____ ZIP: _____				☐ None	☐ None					
Last Name: _____ Country: _____				☐ Lap Only	☐ Lap Only					
☐ Crew ☐ Passenger ☐ Other				☐ 3-point	☐ 3-point					
				☐ 4-point	☐ 4-point					

FLIGHT ITINERARY INFORMATION

Last Departure Point OFF AIRPORT Airport ID: <u>N 62° 39.981'</u> City: <u>W 152° 44.596'</u> State: <u>ALASKA</u> Country: <u>USA</u>	Time of Departure Time: <u>8:30 AM</u> Time Zone: <u>ALASKA</u>	Destination Airport ID: <u>FAREWELL 0AA4</u> City: <u>N/A</u> State: <u>ALASKA</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply)

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

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

☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special	Altitude of In-Flight Occurrence: _____ ft msl
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area	
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown	
☐ Class D	☐ Prohibited Area	☐ TRSA		
☐ Class E	☐ Restricted Area	☐ FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

☒ National Weather Service	☐ Company
☐ Flight Service Station	☐ Military
☐ TV/Radio	☐ Internet
☐ Automated Report	☐ None
☐ Commercial Weather Service (DUATS)	☐ Unknown
☐ On-Board Weather	

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

Basic Conditions

☒ VMC
☐ IMC
☐ Unknown

Light Condition

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

Sky/Lowest Cloud Condition

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

Lowest Cloud Condition Height

3,000 ft agl

Ceiling

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

Ceiling Height

3,000 ft agl

Temperature: _____ (C) or 48 (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
 or _____ MB

Wind Direction

☒ Variable

-or-
Direction: _____ degrees true

Wind Speed

☐ Calm
☒ Light and Variable

-or-
Speed: _____ kts

Wind Gusts

☒ Not Gusting

-or-
Speed: _____ kts

Visibility 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

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

Type of Precipitation (Check all that apply)

☒ None	☐ Drizzle	☐ Freezing Rain
☐ Rain	☐ Ice Pellets	☐ Snow Shower
☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower
☐ Hail	☐ Snow Grains	☐ Freezing Drizzle
☐ Rain Showers	☐ Ice Crystals	

Restriction to Visibility (Check all that apply)

☒ None	☐ Fog
☐ Blowing Dust	☐ Ground Fog
☐ Blowing Sand	☐ Haze
☐ Blowing Snow	☐ Ice Fog
☐ Blowing Spray	☐ Smoke
☐ Dust	☐ Unknown

Icing Forecast

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

Icing Actual

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

Turbulence

Type (Check all that apply)	Severity
☒ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

N/A

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
- ☒ Substantial
- ☐ Minor
- ☐ Destroyed
- ☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

NO DAMAGE TO OTHER PROPERTY
 PROP BENT, SPINNER DAMAGED
 ENGINE COWLING DAMAGED BOTH SIDES
 CABANE V SEPARATED FROM ITS ATTACH POINT ON FUSELAGE, BUT GEAR & TIRES
 UNDAAMAGED, WINDSHIELD BROKE, RIGHT FRONT COCKPIT V BAR BENT
 WING TIPS SLIGHTLY DAMAGED, TAIL, ELEVATORS & RUDDER UNDAAMAGED
 LEFT WING AFT WING STRUT BENT
 LEFT WING SPAR DAMAGED. FUSELAGE HAS WRINKLES

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

AUGUST 18th & 19th WE DID NOT FLY DUE TO BAD WEATHER (WIND & RAIN).
 AUGUST 20, 2018 6:30 AM FLEW ONE PASSENGER FROM OUR LOWER CAMP STRIP
 TO FAREWELL, ABOUT 30 MINUTES AWAY BY SUPERCUB. 7:00 AM DEPARTED FAREWELL
 FOR OUR UPPER CAMP ON PINGSTON CREEK IN THE ALASKA MOUNTAIN RANGE,
 ARRIVED AT UPPER CAMP AT 7:35 AM. WEATHER, ENROUTE WAS GOOD WITH A
 HIGH OVERCAST LIGHT WINDS AND NO TURBULENCE. AFTER ABOUT AN HOUR
 ON THE GROUND AT THE UPPER CAMP, I PREPARED TO TAKE OFF FOR FAREWELL
 WITH A PASSENGER. DURING THE HOUR ON THE GROUND (55 MINUTES) THERE
 WERE NO GUSTS OF WIND, NO RAIN AND ONLY LIGHT WINDS DOWN THE CANYON
 (3-4 MPH). THE STRIP WE USE AT UPPER CAMP IS 700'-800' LONG AND WIDE
 ENOUGH FOR A SUPERCUB, BUT THE TERRAINE EITHER SIDE OF THE STRIP IS NOT
 VERY FRIENDLY. TAKING OFF UPSTREAM THERE ARE BUMPS AND UNEVEN GROUND
 JUST OFF THE STRIP AND TWO GULLIES, A CREEK AND A RIVER TO THE RIGHT,
 SINCE THE WIND FAVORED TAKING OF UPSTREAM WE POSITIONED FOR A TAKE OFF
 TO THE SOUTH OR UPSTREAM INTO THE WIND. THE TAKE OFF WAS NORMAL UP TO
 POINT JUST SHORT OF HALF WAY DOWN THE STRIP AND NOT QUITE TO FLYING SPEED,
 WHEN WE WERE HIT WITH A ROGUE CROSSWIND GUST OF WIND THAT PUT US
 OFF THE RUNWAY TO THE RIGHT WHERE WE IMMEDIATELY HIT A BUMP AND
 BECAME AIRBORNE BUT WITHOUT FLYING SPEED TO STAY THERE, THE GUST KEPT
 PUSHING US TO THE RIGHT AND WE WERE HEADED FOR THE CREEK WITH THE TWO
 GULLIES OR RAVINES (ABOUT 3' DEEP AND 8' WIDE) PERPENDICULAR TO OUR PATH
 AND PRIOR TO THE CREEK, RIGHT IN OUR WAY. NOT HAVING TIME TO THINK BUT
 ONLY TO REACT, I KEPT POWER ON THE ENGINE TO MAINTAIN SOME CONTROL
 OF THE SITUATION AND PERHAPS CARRY US BEYOND THE TWO SMALL GULLIES
 AND NOT IMPALE THE NOSE OF THE AIRCRAFT INTO THE FAR BANK OF ONE OF
 THE GULLIES, THUS BRINGING THE ENGINE INTO MY LAP OR PUTTING US OVER ON OUR
 BACK. WE LANDED IN THE CREEK, I OPENED THE DOOR AND WE STEPPED OUT
 INTO THE ANKLE DEEP WATER AND GOT UP ON THE BANK OF THE CREEK
 UNINJURED.

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

Operator/Owner Safety Recommendation

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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

7

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

N/A

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

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

I OPENED THE DOOR AND THE PASSENGER & I STEPPED OUT OF THE A/C.

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ 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

09/03/2018

mm/dd/yyyy

Name of Pilot/Operator:

EDMUND MONT MAHONEY

Signature: _____

-- or --

☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA18CA504

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kathryn Benhoff

Date Report Received

9/5/2018