

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents																																																					
BASIC INFORMATION																																																					
Accident/Incident Location Nearest City/Place: <u>Soldotna</u> State: <u>AK</u> ZIP: <u>99669</u> Country: <u>USA</u> Latitude: <u>N60.32.02</u> Longitude: <u>W150.59.73</u> (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>08/11/2019</u> Local Time: <u>1030</u> ^a mm/dd/yyyy Time Zone: <u>ADT</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None																																																
AIRCRAFT INFORMATION																																																					
Registration Number: <u>N61339</u> Manufacturer: <u>Maule</u> Model: <u>MX7-180A</u> Serial Number: <u>20013C</u> Year of Manufacture: <u>1994</u> Amateur-Built: ☐ Yes ☒ No <i>If Yes:</i> ☐ Kit/Plans ☐ Make: _____ ☐ No ☐ Original Design					☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2400</u> lbs Weight at Time of Accident/Incident: <u>2030</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>																																																
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport ☐ Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown		Landing Gear (Check all that apply) ☐ Retractable ☐ Tricycle ☐ Amphibian ☐ Emergency Float ☒ Float ☐ Hull ☐ Other Launch/Recovery System ☐ None ☐ Unknown ☒ Tailwheel ☐ High Skid ☐ Skid ☐ Ski ☐ Ski/Wheel		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																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Engine</th> <th style="width: 20%;">Engine Manufacturer</th> <th style="width: 15%;">Engine Model/Series</th> <th style="width: 15%;">Manufacturer's Serial Number</th> <th style="width: 10%;">Date of Mfg. mm/dd/yyyy</th> <th style="width: 10%;">Rated Power ☒ Horsepower or ☐ lbs of Thrust</th> <th style="width: 10%;">Total Time (hours)</th> <th style="width: 10%;">Time Since: Inspection (hours)</th> <th style="width: 10%;">Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>Lycoming</u></td> <td><u>O-360-C4F</u></td> <td><u>L-33863-36A</u></td> <td><u>12/03/19</u></td> <td><u>180</u></td> <td><u>799.4</u></td> <td><u>1.6</u></td> <td><u>N/A</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td><u>1/194</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td><u>*Data in Service</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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	<u>Lycoming</u>	<u>O-360-C4F</u>	<u>L-33863-36A</u>	<u>12/03/19</u>	<u>180</u>	<u>799.4</u>	<u>1.6</u>	<u>N/A</u>	Eng. 2				<u>1/194</u>					Eng. 3				<u>*Data in Service</u>					Eng. 4																
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Last Inspection Type ☐ 100-Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>6/07/2019</u> mm/dd/yyyy Airframe Total Time: <u>796.3</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident			Propeller 1 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>76EM855-0-56</u> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____																																																		
Type of Maintenance Program (Select one) ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			ELT Installed: ☒ Yes ☐ No <i>If Yes:</i> ELT Manufacturer: <u>EBC-102A</u> Model or Part No.: <u>S/N 1045936A</u> 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 <i>If activated:</i> Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No <i>If not activated:</i> Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown <u>in water</u>																																																		
Description of Fire Extinguishing System ☒ None ☐ Specify: _____			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: <u>Vincent L. or Marylil Spady</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>Soldotna</u> State: <u>AK</u> ZIP: <u>99669</u> Country: <u>USA</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: <u>Vincent L. Spady</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Mackey's Lake Strip/SPB</u> Airport Identifier: <u>L85</u> Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A <u>Lake next to grass strip</u>		Distance From Airport Center: <u>0.3</u> sm Direction From Airport: <u>360°</u> degrees true Airport Elevation: <u>175</u> ft. msl	
Runway Information Runway ID: <u>L85</u> (L/R/C) Length: <u>3000</u> ft Width: <u>1000</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☒ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☒ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☒ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
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"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Vincent Spady</u> City of Residence: <u>Soldotna</u> Middle Initial: <u>L.</u> State: <u>AK</u> ZIP: <u>99669</u> Last Name: <u>Spady</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>72</u> Date of Birth: <u>1/19/47</u> mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
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Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ <u>Unknown Basic Med</u>			Medical Certificate Limitations <u>None</u> <u>- Took AOPA ONLINE Test on 6/11/19.</u>																																																																																															
Medical Certificate Special Issuance <u>N/A</u>																																																																																																				
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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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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																													
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Restraint Type: Available ☐ 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	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
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PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		Seat ☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Age ☐ Under 5 years If Under 5, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>PAEN</u> City: <u>Kenai</u> State: <u>AK</u> Country: <u>USA</u>		Time of Departure Time: <u>1002</u> Time Zone: <u>ADT</u>		Destination Airport ID: <u>L85 Strip</u> City: <u>Soldotna</u> State: <u>AK</u> Country: <u>USA</u>
Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown				
Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☒ Class G ☐ Military Operations Area (MOA) ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown Altitude of In-Flight Occurrence: <u>N/A</u> ft msl				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report <u>5XA</u> ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather ☒ <u>Orove past</u>		Weather Observation Facility Facility ID: <u>PASX</u> Observation Time: <u>1000</u> Time Zone: <u>ADT</u> Distance from Accident Site: <u>4</u> nm Direction from Accident Site: <u>180</u> 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 _____ ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☒ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height <u>3,000 - 2,000</u> ft agl		
Wind Direction ☐ Variable -or- <u>Approx. 160</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- <u>4</u> kts	Wind Gusts ☒ Not Gusting -or- _____ kts	Temperature: <u>18</u> (C) or <u>65</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB <u>don't remember</u>
Visibility <u>10 4</u> miles (<u>Nau</u>) RVR: _____ feet RVV: _____ miles Density Altitude: <u>7</u> 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 ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		
Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme				
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>None</u>				

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)

Broken Windshield
 Broken Cowling
 Water damage to instruments
 Radio still works after dried out

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.

On 6/11/2019 about 1000 am I took off on wheels from Kenai airport. My intended destination was Mackey Lake Strip, adjacent to East Mackey Lake, a small grass strip. The purpose of the flight was to land and change over my landing gear to floats at a hanger next to the strip and lake. Everything was normal in the short flight with excellent VMC. I could see the strip to my east when 2 to 3 miles away. As I drew closer to the strip, I thought of the wind and which direction to land on this E-W strip, just off the south end of the lake. Being a floatplane pilot I knew the best way to check wind was to view the surface of the water on the lake. I flew past the strip heading east just south of the strip and the lake. I banked left flying over the hanger around the east shore of the lake. Now heading north with the lake on my left, I could see the wind was coming straight out of the bay on the southwest corner of the lake. This next part is difficult for me to understand: Perhaps because I had been under much pressure to get many things done the last several days, and now I was finally going to be getting the plane

Continued

Narrative History of Flight continued

back on floats, I felt very relieved and relaxed to be doing something I loved doing and felt very confident doing. After banking left and seeing the wind coming directly out of the south-southwest arm of the lake, I planned my landing. I had made this approach on this lake many times over the past 14 years. In my mind I was already back on floats and in a normal left pattern to land on the lake toward that south-southwest bay. On final with full flaps, carb heat, trim set, about 60 m.p.h., I came over the water. When only a few feet high, I added a little power to smoothly glide on to the water. I touched down. All seemed normal. Two or Three seconds later my nose plunged down into the water. My first thought was, "How in the world did I get the front of my floats so far down that they could catch the water and tip me forward?" Only then did I realize that I was still on wheels. Being nose down, under water, I knew I had to get out. I remembered

my safety training which I've often practiced and taught my passengers. Mission Safety International taught us upside down egress training in a pool from a PA-18 frame blindfolded. I opened my door with my left hand and gripped the threshold. Only then did I release my seatbelt with my right hand, and pulled myself out. The plane floated back to level and I climbed on top of the fuselage. Within seconds it began to sink. I started swimming toward the west shore, only about 150 yards away. I remembered my cell phone and pulled it from my pocket, held it above water, and turned it on... it worked. I held it above water until I reached shore. I called a friend who lives on the lake and he came to pick me up. Someone must have seen me land because an ambulance also showed up as I walked along the road all wet. They offered to take me to the hospital to get checked out, but I knew I was not hurt. I consented to let them check my vitals which they agreed were normal. I then went with my friend. We soon got in

a small boat and went out to the plane. The wheels and nose were on the bottom with tail sticking out of the water. I tied a rope on the tailwheel and we slowly pulled the plane to the ramp where we used a truck to it out of the water, and up on to the ramp, and then over to the grass strip.

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

Operator/Owner Safety Recommendation

Most important be aware of my frame of mind. Do not fly when have been recently stressed. Make sure I am well rested both physically and emotionally. Remember to follow landing checklist, although this is not a retractable type gear - going through the list would probably have brought me to realize my landing situation.

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)

_____ 20 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

EVACUATION OF 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

Out the door on left -
For more details see Narrative History of Flight on pg 9.

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: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

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

07/02/2019
m/d/d/yyyy

Name of Pilot/Operator:

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.

GAA19CA343

Reviewed by NTSB Regional Office

GAAID

Name of Investigator

HICKS

Date Report Received

02JUL2019