

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

FORM APPROVED FOR USE THROUGH 4/30/2018 BY OMB NO. 3147-0001

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the

criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew.

State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

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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>Tok</u> State: <u>AK</u> ZIP: <u>99780</u> Country: <u>USA</u> Latitude: <u>N 62.228724</u> Longitude: <u>W 141.192856</u> (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date: <u>09/18/2022</u>	Date/Time <u>09/18/2022</u> <u>1PM AKST</u>	Local Time: <u>1PM</u> Time Zone: <u>AKST</u>	
Collision with Other Aircraft: NONE				

AIRCRAFT INFORMATION

Registration Number: <u>N92740</u> Manufacturer: <u>Piper</u> Model: <u>PA-12</u> Serial Number: <u>12-177</u> Year of Manufacture: <u>1946</u> Amateur-Built: <u>NO</u> Kit/Plans Make: _____ Original Design _____ No _____	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>1,750</u> lbs Weight at Time of Accident/Incident: <u>1,594.5</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>
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OWNER/OPERATOR INFORMATION	
Registered Aircraft Owner	
Name: _____	City: _____
_____ MEGAN PALMER _____	ANCHORAGE _____
State: _____	ZIP: _____
AK _____	99501 _____

Fractional Ownership Aircraft: No Country: _____

Operator of Aircraft *Same As Registered Owner*

Same Address as Registered Owner

Name: _____ MEGAN PALMER _____ City: _____ ANCHORAGE _____

Doing Business As: _____

ZIP: _____ 99501 _____

State: _____ AK _____

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

Country: _____ USA _____

Operating Certificates Held
(Check all that apply)

None

Revenue Sightseeing Flight

No

Regulation Flight Conducted Under

FAR 91 FAR 129

Public Aircraft (Select one)

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

NONE

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

(Select one)

Personal

Air Medical Flight

No

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

Airport Name: _____ **Airport Identifier:** _____

_____ **Proximity to**

Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees

true Airport Elevation: _____ ft.
msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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

Downwind

VFR Departure

Low Approach

On Instrument Approach

Base

Takeoff

Go Around

Landing

IFR Departure Procedure/Clearance

Final

Initial Climb

Crosswind

Aborted Landing (after touchdown)

Unknown

Airplane Rating(s) <i>(Check all that apply)</i> Single-Engine Land Multiengine Land		Other Aircraft Rating(s) <i>(Check all that apply)</i>		Instrument Rating(s) <i>(Check all that apply)</i> Airplane		Instructor Rating(s) <i>(Check all that apply)</i> None				
Type Ratings						Student Endorsements <i>(Include dates)</i>				

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model (PA-12)	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	376.9	160.8	365.5	16.1	24.9	7.2	49.9			
Pilot in Command (PIC)	317.6	160.8	317.6	1.7	22.5					
Time as Instructor										
This Make/Model	160.8	160.8	160.8		6.2					
Last 90 Days	53.7	11.7	53.7		1					
Last 30 Days	19.7	6.2	19.7		1					
Last 24 Hours										

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IFLIGHT CREWMEMBER 2i INFORMATION									
IFlight Crewmember 2i Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew IFlight Crewmember 2i was pilot flying Yes No									
IFlight Crewmember 2i 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 <table border="0"> <tr> <td>Available</td> <td>Used</td> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Available	Used								
None	None								
Lap only	Lap only								

[illegible]

This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)			
Crew Name and Address		Seat Occupied Injury	
First Name: _____ Middle Initial: _____ Last Name: _____	City of Residence: _____ State: _____ ZIP: _____ Country: _____	Left Center Right Front Rear Single Unknown None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply)		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
None Private Foreign Student	Commercial Flight Instructor Recreational Sport	US Military Airline Transport Flight Engineer	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
Crew Name and Address		Seat Occupied Injury	
First Name: _____ Middle Initial: _____ Last Name: _____	City of Residence: _____ State: _____ ZIP: _____ Country: _____	Left Center Right Front Rear Single Unknown None Minor Serious Fatal Unknown	
Pilot Certificate(s) (Check all that apply)		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
None Private Foreign Student	Commercial Flight Instructor Recreational Sport	US Military Airline Transport Flight Engineer	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)			

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

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: _____PTFO_____ City: TOK_ _____ State: _____AK_____ Country: _____	Time of Departure Time: _____12:50PM____	Destination Airport ID: _____(OFF AIRPORT) WRANGELL MTNS _____ City: _____ TOK _____	Type Flight Plan Filed None Activated? Yes No Unknown

_____USA_____	_____ Time Zone: _____AKST_____ _____	__ State: _____AK_____ _____ Country: _____USA_____	
Type of ATC Clearance/Service <i>(Check all that apply)</i> None			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> Class G			Altitude of In-Flight Occurrence: _____3276 ft msl (0 ft agl)_____
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information <i>(Check all that apply)</i> Flight Service Station		Weather Observation Facility Facility ID: _____KENAI FSS_____ Observation Time: _____8AM_____ Time Zone: _____AKST_____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions VMC	Light Condition DAY		
Sky/Lowest Cloud Condition Clear Lowest Cloud Condition Height _____ ft agl	Ceiling None (Clear) Obscured Ceiling Height _____ ft agl	Temperature: _____ (C) or _____65_____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____30.03_____ in. Hg or _____ MB	
Wind Direction Variable	Wind Speed Calm	Wind Gusts Not Gusting	Visibility _____10+_____ miles RVR: _____10+_____ feet RVV: _____10+_____ miles Density Altitude: _____ ft
Intensity of Precipitation Type of Precipitation <i>(Check all that apply)</i> NONE			Restriction to Visibility <i>(Check all that apply)</i> None
Icing Forecast Amount Type None	Icing Actual Amount Type NONE		Turbulence Type <i>(Check all that apply)</i> None Severity
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: NO			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage****Aircraft Fire: NONE**

Substantial

Aircraft Explosion

None

Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)**BENT PROPELLER**BENT SPAR**BENT STRUT**BROKEN WINDSCREEN**BENT VERTICAL STAB***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 Sunday, Sept 18 at 8:30AM I departed from PAMR to go help my dad's friend with his moose hunting equipment. I flew 3.2hr to PTFO where I refueled, then continued onto the Wrangell St. Elias preserve. I departed PTFO at 12:50 pm AKST. I found my dad's friend and spotted the landing site (off airport gravel bar). I observed wind conditions and made low and slow passes over the landing area. After I had dragged my wheels a few times, I came in for landing. I successfully nailed my intended point of landing, and input normal braking pressure onto heel brakes. I let off the brakes when I felt an unusual amount of forward momentum occurring. As I was pulling back on the stick (yoke), I heard and felt my propeller hit the ground. The aircraft came to a quick halt, flipped forward (vertical) and slowly tipped over onto its back. Unharmed, I unbuckled my seatbelt, turned myself right side up, turned off the fuel valves, and tried to open the door or window. My dad's friend came and opened the door for me and I hopped out. Here are the coordinates of where the plane is currently sitting, upside down: 62 degrees 13.758' N, 141 degrees 11.725' W

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

Operator/Owner Safety Recommendation

I believe this could have been prevented if I had gone and did some full stop taxi backs at a gravel airport before going on the trip. New brakes were recently installed, I (Megan Palmer) broke them in per standards from the brakes manufacturer. I did go and fly the plane after the installation and after they were broken in, but I only performed touch and goes. I should have used the brakes and performed full stop, taxi back landings.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**Was there Mechanical Malfunction/Failure?** No**Total Time/Cycles
On Part**_____
Hours_____
Cycles**Time Since This
Part
Inspected/Overhaul
ed**_____
Hours**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**
(Convert from pounds, as necessary)_____
36 Gallons**Fuel Type**80/87 115/145 Jet B Other, specify 100ll 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?** No**Method of Exit** ñ Describe how the occupants exited and how many occupants evacuated each location
I was the only occupant, and I exited out the door of the airplane.**OTHER AIRCRAFT ñ 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

Date of this Report <u>09/26/2022</u> mm/dd/yyyy	Name of Pilot/Operator: Megan Palmer _____ Signature: _____ Megan Palmer _____ -- <i>or</i> -- Check here to electronically sign this document		
If a Person Other than Pilot/Operator is Filing Report Name: _____ Title: _____ _____ Signature: _____ -- <i>or</i> -- Check here to electronically sign this document			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. ANC22LA079	Reviewed by NTSB Regional Office ANC	Name of Investigator H. Kemner	Date Report Received 9/26/2022