

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. 20594.

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.

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 cowlings, 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.

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.

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.

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: Anchorage State: AK

ZIP: 99502 Country: United States of America

Latitude: 61°13'2.8716"N Longitude: 149°51'47.2644"W

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

Accident/Incident Date/Time

Date: 05/17/2023 Local Time: 11:00 am

mm/dd/yyyy

Time Zone: AKDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N7741D

Manufacturer: Piper

Model: PA-22/20-150

Serial Number: 22-5419

Year of Manufacture: 1957

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2,000 lbs

Weight at Time of Accident/Incident: 1430 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

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

Amphibian
Emergency Float
Float
Hull

Other Launch/Recovery System

None

Tailwheel

High Skid
Skid
Ski
Ski/Wheel

Unknown

Engine Type (Select one)

Reciprocating

Turbo Shaft
Turbo Prop
Turbo Jet
Turbo Fan
Electric

Liquid Rocket
Solid Rocket
Hybrid Rocket
None
Unknown

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	<u>Lycoming</u>	<u>O-320-A2B</u>	<u>48348-27A</u>	<u>08/24/1978</u>	<u>150 HP</u>	<u>1874.1</u>	<u>24.1</u>	<u>526.8</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 12/3/22

mm/dd/yyyy

Airframe Total Time: 3,843.6 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:
Handheld fire extinguisher

Propeller 1

Fixed Pitch

Controllable Pitch
Ground Adjustable

Manufacturer: McCawley

Model: 1A70

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: Emergency beacon Corp

Model or Part No.: EBL-102A

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**Registered Aircraft Owner**Name: Josh JackoCity: AnchorageState: AKZIP: 99516

Fractional Ownership Aircraft:

Yes

☒ NoCountry: United States of America**Operator of Aircraft***Same As Registered Owner*Name: Caleb Jacko*Same Address as Registered Owner*City: AnchorageState: AKZIP: 99516Doing Business As: IndividualCountry: United States of AmericaAir Carrier/Operator Designator (4 Character Code): N/A**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: Anchorage International AirportAirport Identifier: PANC

Proximity to Airport:

Off Airport/Airstrip

☒ On Airport/Airstrip

N/A

Distance From Airport Center:

N/A sm

Direction From Airport:

N/A degrees true

Airport Elevation:

151

ft. msl

Runway InformationRunway ID: 7 ☒ I/R/C Length: 10,600' ft Width: 150' ft**Runway/Landing Surface** *(Check all that apply)*☒ Asphalt

Concrete

Dirt

Grass/Turf

Gravel

Ice

Macadam

Metal/Wood

Snow

Water

Unknown

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

Approach/Departure Segment *(Select one)*☒ 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 *(Check all that apply)*☒ 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 *(Check all that apply)*

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

"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: Caleb

Middle Initial: S

Last Name: Jacko

City of Residence: Anchorage

State: AK

ZIP: 99516

Country: United States

Age at time of Accident/Incident: 19

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

☒ None

☐ Fatal

☐ Minor

☐ Serious

☐ Unknown

Seat Occupied

☒ Left

☐ Right

☐ Center

☐ Front

☐ Rear

☐ Single

☐ 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

Pilot Certificate(s) (Check all that apply)

☐ None

☒ Private

☐ Student

☐ Flight Instructor

☐ Recreational

☐ Sport

☐ Commercial

☐ Airline Transport

☐ Flight Engineer

☐ US Military

☐ Foreign

Principal Occupation

☐ Pilot

☐ Other

☐ Unknown

Medical Certificate

☐ None

☒ Class 1

☐ Class 2

☐ Class 3

☐ Driver's License (Sport Pilot only)

☐ Unknown

Medical Certificate Validity

☒ Without limitations/waivers

☐ With limitations/waivers

☐ Special Issuance

☐ Unknown

☐ N/A

Date of Last Medical

06/09/2022

mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

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

N/A

mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: PA-22-150

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

N/A

Student Endorsements (Include dates)

N/A

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

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

58.6

19.3

58.6

3.5

2.3

Pilot in Command (PIC)

23.6

18.1

23.6

Time as Instructor

This Make/Model

Last 90 Days

18.3

18.3

18.3

Last 30 Days

18.3

18.1

18.3

Last 24 Hours

3.5

3.5

3.5

"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: N/A City of Residence: N/A
 Middle Initial: N/A State: N/A ZIP: N/A
 Last Name: N/A Country: N/A
 Age at time of Accident/Incident: N/A Date of Birth: N/A mm/dd/yyyy
 Certificate Number: N/A

Degree of Injury

None Fatal
 Minor Unknown
 Serious

Seat Occupied

Left Front Unknown
 Right Rear
 Center Single

Restraint Type

Available	Used
None	None
Lap only	Lap only
3-point	3-point
4-point	4-point
5-point	5-point
Unknown	Unknown

Inflatable Restraints

Not Installed
 Installed
 Not Deployed
 Deployed
 Unknown

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

N/A
 mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

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

N/A
 mm/dd/yyyy

Flight Review Aircraft

Make: N/A
 Model: N/A

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

N/A

Student Endorsements (Include dates)

N/A

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

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

Left
Center
Right
Front
Rear
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 **Used**
 None None
 Lap Only Lap Only
 3-point 3-point
 4-point 4-point
 5-point 5-point
 Unknown Unknown

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?

Yes No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

Crew Name and Address

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

Left
Center
Right
Front
Rear
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 **Used**
 None None
 Lap Only Lap Only
 3-point 3-point
 4-point 4-point
 5-point 5-point
 Unknown Unknown

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?

Yes No

Total Flight Time at the Time of this Accident/Incident: _____ hrs

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address

Seat

Injury

Restraint Type

Inflatable Restraints

Age

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Crew Passenger Other

Left
Center
Right
Unknown
Row: _____

None
Minor
Serious
Fatal
Unknown

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

Under 5 years
If Under 5,
Child Restraint
Lap-Held
Unknown

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Crew Passenger Other

Left
Center
Right
Unknown
Row: _____

None
Minor
Serious
Fatal
Unknown

Available **Used**
 None None
 Lap Only Lap Only
 3-point 3-point
 4-point 4-point
 5-point 5-point
 Unknown Unknown

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Installed
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Deployed
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If Under 5,
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Right
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Minor
Serious
Fatal
Unknown

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

Under 5 years
If Under 5,
Child Restraint
Lap-Held
Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: PAEN

City: Kenai

State: Alaska

Country: United States

Time of Departure

Time: 10:00a

Time Zone: AKST

Destination

Airport ID: PANC

City: Anchorage

State: Alaska

Country: United States

Type Flight Plan Filed

☒ None
☐ Company VFR
☐ Military VFR
☐ VFR
☐ VFR/IFR
☐ IFR
☐ Unknown

Activated? Yes No Unknown

Type of ATC Clearance/Service (Check all that apply)

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

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

Class A
Class B
☒ Class C
Class D
Class E
Class G
Demo Area
Warning Area
Prohibited Area
Restricted Area
Military Operations Area (MOA)
Airport Advisory Area
Jet Training Area
TRSA
FAR 93
Special
Air Traffic Control Area
Unknown
Altitude of In-Flight Occurrence: 151 ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

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

Weather Observation Facility

Facility ID: PANC
Observation Time: 10:30a
Time Zone: AKST
Distance from Accident Site: 20 nm
Direction from Accident Site: 202° degrees true

Basic Conditions

☒ VMC
☐ IMC
☐ Unknown

Light Condition

Dawn
☒ Day
Dusk
Night
Dark Night
Bright Night
Unknown

Sky/Lowest Cloud Condition

Clear
Few
Partial Obscuration
Scattered
Thin Broken
☒ Thin Overcast
Unknown

Ceiling

None (Clear)
Broken
Overcast
Obscured
Indefinite
☒ Unknown

Temperature: N/A (C) or 40 (F)

Dew Point: N/A (C) or 32 (F)

Altimeter Setting: 29.64 in. Hg
or _____ MB

Lowest Cloud Condition Height

4,000 ft agl

Ceiling Height

N/A ft agl

Wind Direction

☒ Variable

-or-
Direction: N/A degrees true

Wind Speed

☒ Calm
☐ Light and Variable

-or-
Speed: N/A kts

Wind Gusts

☒ Not Gusting

-or-
Speed: N/A kts

Visibility 10 miles

RVR: N/A feet

RVV: N/A miles

Density Altitude: -496 ft

Intensity of Precipitation

Light
Moderate
Heavy
N/A
Unknown

Type of Precipitation (Check all that apply)

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

Restriction to Visibility (Check all that apply)

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

N/A

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor

Substantial
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)

Prop has been bent,
wing both outer ribs bent,
windshield broken
Rudder bent when hit the ground, left hand

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.

Took off from Kenai PAEN, Flew VFR to PANC, Inbound for RWY 7R I had asked Tower for RWY 7L because it is closer to where I park down at Transnorthern. I was then cleared for a long landing, I proceeded to taxiway Charlie for a touchdown point so I wouldn't need to do as long taxi. My Actual Touch down was 100 feet from taxiway Charlie, As I was slowing my taxi down and I had hit the brakes too hard after tower asked if I could exit earlier than I had planned, I radioed, "Yes if I can slow down and do a 180° turn on the runway" and after I transmitted that I flipped.

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

Operator/Owner Safety Recommendation

incident could have been prevented by not attempting to stop aircraft taxi down, and continued to the original plan of action; exiting taxiway Alpha.

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

N/A Hours

N/A Cycles

Time Since This Part Inspected/Overhauled

N/A Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

28

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

Pre flight of aircraft; oil added, brakes checked, fuel sampled, control check, tire pressures, lights checked, control cables free and no fraying, carb screen clean.

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, pilot exited after turning of magnetos and master power out of the right side front door.

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

Aircraft Registration Number

N/A

Manufacturer:

N/A

Model:

N/A

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: N/A

City: N/A

State: N/A

ZIP:

N/A

Country: N/A

Pilot of Other Aircraft

Name: N/A

City: N/A

State: N/A

ZIP:

N/A

Country: N/A

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I should have thought about what I had done and said unable to lower,
no structural damage had occurred until the recovery had been commencing, After the recovery more control surfaces were bent that did NOT occur during the incident.

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

Date of this Report

05/25/23
mm/dd/yyyyName of Pilot/Operator: Capt. JackSignature: 

-- 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 ONLYNTSB Accident/Incident No.
ANC23LA035Reviewed by NTSB Regional Office
Anchorage, AKName of Investigator
M. HillDate Report Received
5/28/23