

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 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.

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.ntsb.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: <u>McCarthy (Pcarine)</u> State: <u>AK</u> ZIP: <u>91588</u> Country: <u>USA</u> Latitude: <u>61.456661</u> Longitude: <u>-142.470746</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>08/30/2023</u> Local Time: <u>2 PM</u> mm/dd/yyyy Time Zone: <u>Alaska</u>	
		Collision with Other Aircraft: Midair On-ground ☒ None	

AIRCRAFT INFORMATION

Registration Number: <u>N416RK</u> Manufacturer: <u>Piper</u> Model: <u>PA-18-150 Super Cub</u> Serial Number: <u>18-8434</u> Year of Manufacture: <u>1966</u> Amateur-Built: Yes ☒ No ☐ If Yes: Kit/Plans Make: ☐ Original Design ☐		IFR-Equipped and Certified <u>maybe NA</u> Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>2000</u> lbs Weight at Time of Accident/Incident: <u>1690</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>NA</u> Cabin Crew Seats: <u>NA</u> Passenger Seats: <u>1</u> Number of Engines: <u>1</u>	
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Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility </td> <td style="vertical-align: top;"> Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport </td> </tr> </table> Certificate of Authorization or Waiver (COA) None ☐ Unknown ☐	Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☐ Retractable ☐ Tricycle ☐ Amphibian ☐ Emergency Float ☐ Float ☐ Hull ☐ Other Launch/Recovery System None ☐ 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
Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport				

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>L-17062-27A</u>	<u>1966</u>	<u>160 hp</u>	<u>2421.1</u>	<u>20</u>	<u>30.6</u>
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type 100-Hour ☐ Continuous Airworthiness AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown Date Last Inspection: <u>05/31/23</u> mm/dd/yyyy Airframe Total Time: <u>Rebuild 30.6</u> hrs hours measured at (Select one) Last Inspection ☐ Time of Accident/Incident ☒		Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>McCawley</u> Model: <u>Fix Pitch PA18-150/6M8248</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 If Yes: ELT Manufacturer: <u>ACK Technologies</u> Model or Part No.: <u>E04M</u> TSO No.: <u>C91 (121.5 MHz)</u> <u>C91a (121.5 MHz)</u> <u>126 (406 MHz)</u> 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: <u>NA</u>	
Description of Fire Extinguishing System None ☐ Specify: <u>AMEREX HAND PORTABLE</u>					

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Windy Fork LLC (Alaska LLC)</u> Fractional Ownership Aircraft: Yes ☒ No		City: <u>BLACK MOUNTAIN</u> State: <u>NC</u> ZIP: <u>28711</u> Country: <u>USA</u>	
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>ANDREW LINTON</u> Doing Business As: <u>NA</u> Air Carrier/Operator Designator (4 Character Code): <u>NA</u>		<i>Same Address as Registered Owner</i> City: <u>BLACK MOUNTAIN</u> State: <u>NC</u> ZIP: <u>28711</u> Country: <u>USA</u>	
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 103 FAR 121 FAR 125 FAR 129 FAR 133 FAR 135 FAR 137 FAR 415 FAR 431 FAR 435 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 Non-Scheduled or Air Taxi Domestic International NA	
Revenue Sightseeing Flight Yes ☒ No		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate External Load Ferry Firefighting Flight Test Glider Tow Instructional Other Work Use ☒ Personal Positioning Skydiving Unknown	
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>PEAVINE (NEAR McLEATHY)</u> Airport Identifier: <u>NA</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>10 miles approx</u> sm Direction From Airport: <u>EAST</u> degrees true Airport Elevation: <u>APPROX 1500</u> ft. msl	
Runway Information Runway ID: <u>NA</u> (L/R/C) Length: <u>APPROX 1500-2000</u> ft Width: <u>APPROX 100</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☒ Overrun Holes Ice Covered Rough Rubber Deposits Slush-Covered	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☒ Concrete ☒ Dirt ☒ Grass/Turf ☒ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown		Snow-Compacted Snow-Crusted Snow-Dry Snow-Wet Soft Vegetation Water-Calm Water-Choppy Water-Glassy Wet 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

"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: Andrew

City of Residence: BLACK MOUNTAIN

Middle Initial: M

State: NC ZIP: 28711

Last Name: Linton

Country: USA

Age at time of Accident/Incident: 66 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

Degree of Injury

None Minor Fatal Unknown Serious

Seat Occupied

Left Front Unknown Right Rear Single Center

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 Private Flight Instructor Commercial US Military
Student Recreational Airline Transport Foreign
Sport Flight Engineer

Principal Occupation

Pilot Other Unknown

Medical Certificate

None Class 3 BASIC MEDICAL
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

8/18/2021

Medical Certificate Limitations

BASIC MEDICAL

Medical Certificate Special Issuance

NA

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

05/27/2023
mm/dd/yyyy

Flight Review Aircraft

Make: Maule
Model: M-5

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

private pilot
/tail wheel, high performance

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	1158	38	1158	NA	10					
Pilot in Command (PIC)	1158		1158	NA	10					
Time as Instructor	NA	NA	NA	NA	NA					
This Make/Model					0					
Last 90 Days	22.5	7.8	22.5	NA	0					
Last 30 Days	4	4	4	NA	0					
Last 24 Hours	0	0	0	NA	0					

NA

"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: _____ 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 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) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy					Flight Review Aircraft Make: _____ Model: _____																																																																																															
Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift				Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																										
Type Ratings 						Student Endorsements <i>(Include dates)</i> 																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	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										
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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 Private Recreational Student Sport Commercial US Military Airline Transport Foreign 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 None 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			
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign 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 None 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 First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew <u>Passenger</u> 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 58 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	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		Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	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		Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>McCarthy 152</u> City: <u>McCarthy</u> State: <u>ALASKA</u> Country: <u>USA</u>	Time of Departure Time: <u>1:30 PM</u> Time Zone: <u>ALASKA</u>	Destination Airport ID: <u>PEAVINE</u> ^{NO ID} City: <u>NAR McCarthy</u> ^{OFF Airport} 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 ☒ VFR 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 G Military Operations Area (MOA) Special Air Traffic Control Area 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				Altitude of In-Flight Occurrence: _____ ft msl <u>NA</u>

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 <u>Visual</u> None ☒ Unknown	Weather Observation Facility Facility ID: _____ <u>NA</u> 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	Ceiling None (Clear) Obscured Broken Indefinite Overcast Unknown	Temperature: _____ (C) or <u>AT 60</u> (F) Dew Point: _____ (C) or <u>?</u> (F) Altimeter Setting: <u>15.5 in Hg</u> in Hg or _____ MB
Lowest Cloud Condition Height <u>Broken 1000 plus</u> ft agl	Ceiling Height <u>Broken 5000 plus</u> ft agl	

Wind Direction <u>Variable</u> -or- Direction: _____ degrees true	Wind Speed Calm <u>Light and Variable</u> -or- Speed: <u>Calms to 5</u> kts	Wind Gusts <u>Not Gusting</u> -or- Speed: _____ kts	Visibility <u>5-10</u> miles <u>1500-2000</u> RVR: <u>Full</u> feet <u>Full</u> (standing strip) RVV: <u>NA</u> miles Density Altitude: <u>don't know</u> ft
---	--	---	--

Intensity of Precipitation Light ☒ Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) None <u>Rain</u> 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 <u>N/A</u> 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
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NOTAMS (D and FDC), AIRMETS, SIGMETS, PIREPs in effect at the time of the accident/incident:

Remote Area

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor *dxs*

Substantial
Destroyed
Unknown *Not clear yet*

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)

The Aircraft nosed over resting upside down ^{causing a prop} strike, some damage to wings and door post ^{windshield} Although it doesn't seem substantial, Rudder also bent, The repair shop has not begun repairs yet so may discover more damage & detail

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.

I Andrew Linton (the pilot) and my wife Heidi Linton departed McCarthy Alaska (Runway ID 152) At about 1:30 PM on August 30th 2023. Conditions were VFR with ^{layered &} scattered clouds & periodic light rain. We flew around sightseeing a little to the south of McCarthy and then proceeded to Peavine Airstrip to the east of McCarthy. The decision was made to land at Peavine where the pilot Andrew Linton had landed many times before, The pilot entered a standard traffic pattern (right in this case) and was able to inspect the runway for landing. Winds were calm to light out of the west and VFR conditions existed (for landing). Final approach was without issue on touch down there was more than adequate length and width to the landing strip but the pilot Andrew Linton applied the brakes too hard after landing and the plane nosed over.

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

Operator/Owner Safety Recommendation

I Andrew Limton the pilot simply Applied the brakes to hard. I need to be more conscious and deliberate about not doing that in the future, more disciplined. The PA18 is particularly sensitive and I have be reminded (of that) the hard way to avoid braking hard or even at all when it is not required or appropriate

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)

36 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

checked oil & pre flight inspection

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

Door WAS sticking abt so pilot and wife exist out the broken windshield

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

Name of Pilot/Operator:

Andrew Linton09/14/2023
mm/dd/yyyy

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.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received

ANC23LA068

AS-ANC

M.Ward

9/18/2023