

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents**BASIC INFORMATION**

Accident/Incident Location		Accident/Incident Date/Time	
Nearest City/Place: <u>Butte / Palmer</u>	State: <u>AK</u>	Date: <u>03/02/2025</u>	Local Time: <u>14:30</u>
ZIP: <u>99645</u>	Country: <u>USA</u>	mm/dd/yyyy HH:MM	
Latitude: <u>61.50°N</u>	Longitude: <u>148.89°W</u>	Time Zone: <u>AKST</u>	
(Enter in decimal degrees or degrees:minutes:seconds)		Collision with Other Aircraft: Midair On-ground <u>None</u>	

AIRCRAFT INFORMATION

Registration Number: <u>N6999</u>		IFR-Equipped and Certified	
Manufacturer: <u>Piper</u>		Commercial Space Flight	
Model: <u>PA-18 Super Cub</u>		Unmanned Aircraft	
Serial Number: <u>18-8881</u>		Maximum Gross Weight: <u>1350</u> lbs.	
Year of Manufacture: <u>1970</u>		Weight at Time of Accident/Incident: <u>1550</u> lbs.	
Amateur-Built: Yes ☒ No ☐ If Yes: Original Design Kit/Plans Make: _____		Number of Seats: <u>2</u> Flight Crew Seats: <u>1</u>	
		Cabin Crew Seats: <u>0</u> Passenger Seats: <u>1</u>	
		Number of Engines: <u>1</u>	

Category of Aircraft (Select one)	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)
☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	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 _____	☒ Retractable ☐ Tricycle ☒ Tailwheel ☐ Emergency Float ☐ Float ☐ Amphibian ☐ Other Launch/Recovery System ☐ None ☐ High Skid ☐ Skid ☐ Ski/Wheel ☐ Hull ☐ Ski Unknown	☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm dd/yyyy)	Rated Power Horsepower or Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	O-360-A3A	L-23109-36A	03/14/1977	180 HP	5320	15	830
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour AAIP ☒ Annual Continuous Airworthiness Condition Inspection Unknown Date of Last Inspection: <u>09/15/2024</u> mm/dd/yyyy Airframe Total Time: <u>12776.9</u> hrs Hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident	Additional Equipment ☐ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☐ Autopilot ☐ Autopilot/FMS, Model _____ ☐ Coupled Flight Director ☐ Data Recorder ☐ Device Stall Warning System ☒ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☐ Electronic Primary Flight Display ☐ Flight Management System ☐ Handheld GPS ☐ Heads Up Display ☐ Night Vision Goggles ☐ Onboard Weather ☐ Primary Flight Display ☐ SAS, Number of Axes: _____ Model: _____ ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Wire Strike Detection ☐ Wire Strike Protection ☐ Other, Specify: _____
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>ARTEX</u> Model or Part No.: <u>453-0190</u> TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? ☒ Yes ☐ No Was ELT still connected to antenna? ☒ Yes ☐ No Did ELT activate? ☒ Yes ☐ No If activated: Did ELT aid in locating aircraft? Yes ☒ No ☐ If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown
Description of Fire Extinguishing System ☒ None Specify: _____	Propeller 1 Fixed Pitch Controllable Pitch ☒ Ground Adjustable Manufacturer: <u>SENSENICH</u> Model: <u>2GOMB/CBZBGF-0</u> Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: ROBERT DUNCAN McLEWIN
 City: EAGLE RIVER State: AK
 ZIP: 99571 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☐ No

Operator of Aircraft

☒ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name: _____
 City: _____ State: _____
 ZIP: _____ Country: _____

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

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 450
☐ 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
 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 ☐ Unknown

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: _____
 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: _____ Length: _____ ft. Width: _____ ft.

Runway/Landing Surface (Check all that apply)

☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

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

☐ Captain ☐ First Officer ☒ 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: ROBERT

City of Residence: EAGLE RIVER

Middle Initial: D

State: AK ZIP: 99577

Last Name: MCCOWN

Country: USA

Age at time of Accident/Incident: 29

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury

None ☐ Serious ☐
Unknown ☐ Fatal ☐
☒ Minor

Seat Occupied

Left ☐ Right ☒ Unknown ☐
Center ☐ Rear ☐ Single ☐

Restraint Type**Available**

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

Used

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

Inflatable Restraints

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

Pilot Certificate(s) (Check all that apply)

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

Supplemental Restraint, specify: _____

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

12/17/2024
(mm/dd/yyyy)

Medical Certificate Limitations

EYE GLASSES / CONTACT LENSES

Medical Certificate Special Limitations**Personal Flight Equipment (Check all that apply)**

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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

06/18/2024
(mm/dd/yyyy)

Flight Review Aircraft

Make: BOEING
Model: C-17

Airplane Rating(s)

(Check all that apply)
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 Multiengine ☐
Gyroplane ☐
Powered lift ☐

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

Type Ratings and Applicable Logbook Endorsements

TAIL WHEEL
BE-400
MU-300

Student Endorsements (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	894.4	119.5	242.2	652.2	154.9	177	0	0	0	0	0	119.5
Pilot in Command (PIC)	484.5	115.1	118.2	369.4	2.1	177	0	0	0	0	0	115.1
Time as Instructor	0	0	0	0	0	0	0	0	0	0	0	0
This Make/Model					2.1	0	0					
Last 90 Days	21.6	0	0	21.6	6.5	9	0	0	0	0	0	0
Last 30 Days	7.7	0	0	7.7	6.5	5	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0	0	0

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____ (mm/dd/yyyy)

Certificate Number: _____

Degree of Injury

None Serious
Unknown Fatal
Minor

Seat Occupied

Left Front Unknown
Right Rear
Center Single

Restraint Type**Available**

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

Used

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

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

Pilot Certificate(s) (Check all that apply)

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

Supplemental Restraint, specify: _____

Principal Occupation

Pilot
Other
Unknown

Medical Certificate

None Class 3 Unknown
Class 1 BasicMed
Class 2 Driver's License (Sport Pilot Only)

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 Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)
(Check all that apply)

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 Multiengine
Gyroplane
Powered lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						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.)

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right Front	Rear Single Unknown None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Supplemental Restraint, specify: _____	

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right Front	Rear Single Unknown None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Supplemental Restraint, specify: _____	

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

Number of Passengers _____		Seat	Injury	Restraint Type	Inflatable Restraints	Age
Passenger Information First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PABV</u> City: <u>CHUGIAK</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>1400</u> HH:MM Time Zone: <u>AKST</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>PABV</u> City: <u>CHUGIAK</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply)					
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise	
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA	
☒ None					
Airspace where the accident/incident occurred (Check all that apply)					
☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special		
☐ 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					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply)			Weather Observation Facility		
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Electronic Flight Bag-Application:			☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown		
☐ On-Board Weather			Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions		Lowest Cloud Condition	Light Condition		
☒ VMC ☐ IMC ☐ Unknown		Height _____ ft. AGL	☐ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown		
Sky/Lowest Cloud Condition		Ceiling	Ceiling Height		
☐ Clear ☒ Few ☐ Partial ☐ Obscuration ☐ Scattered		☐ Thin Broken ☐ Thin Overcast ☐ Unknown	☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	_____ ft. AGL	
				Temperature: _____ (°C) or _____ (°F) Dewpoint: _____ (°C) or _____ (°F)	
Altimeter Setting:	Wind Direction	Wind Speed	Wind Gusts	Visibility	
_____ (Hg), or _____ (mb)	☐ Variable or Direction: <u>100°</u> degrees true	☐ Calm ☐ Light and Variable Speed: <u>20</u> kts	☐ Not Gusting Speed: <u>25</u> kts	_____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft.	
Type of Precipitation (Check all that apply)				Restriction to Visibility (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				☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust	
☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown					
Icing Forecast		Intensity of Precipitation	Icing Actual		Turbulence (Check all that apply)
Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	☐ None ☐ Clean Air ☒ Terrain-Induced ☒ Convective
					Severity ☒ Light ☐ Moderate ☐ Severe ☐ Extreme
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:					

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
☐ Fire at Unknown Time
☐ Unknown

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

SUBSTANTIAL DAMAGE to wing tip, landing gear, frame, and propeller.

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.

On Sunday afternoon 2 March 2025, I flew my supercub from Birchwood (PABU) up the Knik river with the intent to practice landings on the mid channel practice strip, then return to PABU.

Pre-flight inspection was uneventful, I got the weather and altimeter setting from Birchwood's AWOS, then takeoff was smooth and normal. En route, there was some light turbulence and gusts at the mouth of the canyon.

On short final, just prior to touchdown, a gust pushed me and made me feel unstable, so I put in the power (max) and said "go around" to myself. Just then, the gust dropped out (possible wind shear/downdraft) and I felt the aircraft drop. The right main gear hit the ground, and compressed to where the prop struck the ground and broke (carbon fiber) but the aircraft rebounded into the air, then finally crashing to a final stop. I was able to exit the aircraft through the main side door, on flat gravel. I seemed uninjured, so I turned off my ELT and called a friend to pick me up.

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

- Waiting for a ~~to~~ calmer day.
- Staying and doing pattern at Birchwood.
- wheel landing with a faster ground speed prior to touchdown.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/ Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

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

25 Gallons

Fuel Type

☒ 100 Low Lead ☐ Jet A
☐ Automotive ☐ Jet A-1

☐ Unleaded AV☐ Other, specify _____

Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

Main side door, primary entry/exit

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

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
I understand that the information provided may be subject to public release.

Date of this report:

03/12/2025
mm/dd/yyyy

Name of Pilot/Operator:

Robert D. McCown

Signature:

[REDACTED]

-or- ☐ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name:

Title:

Signature:

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ANC25LA024

Reviewed by NTSB AS Division

AS-ANC

Name of Investigator

M.Ward

Date Report Received

3/12/2025