

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 Nearest City/Place: <u>Unalakleet</u> State: <u>AK</u> ZIP: <u>99684</u> Country: <u>U.S</u> Latitude: <u>62 51.54'N</u> Longitude: <u>161 44.14'W</u> (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>09/04/2025</u> Local Time: <u>21:31</u> mm/dd/yyyy HH:MM Time Zone: <u>AK</u> Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None
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AIRCRAFT INFORMATION

Registration Number: <u>N242BC</u> Manufacturer: <u>American Champion Aircraft Inc.</u> Model: <u>8GCBC</u> Serial Number: <u>534-2010</u> Year of Manufacture: <u>2,011</u> Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Original Design ☐ Kit/Plans Make: _____	☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft Maximum Gross Weight: <u>2,150</u> lbs. Weight at Time of Accident/Incident: <u>1,759</u> lbs. 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>
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Category of Aircraft (Select one) ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) <table><tr><td>Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility</td><td>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) <table><tr><td>☐ Retractable ☒ Tricycle ☒ Tailwheel ☐ Emergency Float ☐ Float ☐ Amphibian ☐ Other Launch/Recovery System ☐ None</td><td>☐ High Skid ☐ Skid ☐ Ski/Wheel ☐ Hull ☐ Ski ☐ Unknown</td></tr></table>	☐ Retractable ☒ Tricycle ☒ Tailwheel ☐ Emergency Float ☐ Float ☐ Amphibian ☐ Other Launch/Recovery System ☐ None	☐ High Skid ☐ Skid ☐ Ski/Wheel ☐ Hull ☐ Ski ☐ Unknown	Engine Type (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo Shaft ☐ Solid Rocket ☐ Turbo Prop ☐ Hybrid Rocket ☐ Turbo Jet ☐ None ☐ Turbo Fan ☐ Unknown ☐ Electric Fuel System Type (Reciprocating) ☐ Carburetor ☐ Fuel Injected
Standard ☒ Normal ☐ Aerobatic ☐ Balloon ☐ Commuter ☐ Transport ☐ Utility	Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport						
☐ Retractable ☒ Tricycle ☒ Tailwheel ☐ Emergency Float ☐ Float ☐ Amphibian ☐ Other Launch/Recovery System ☐ None	☐ High Skid ☐ Skid ☐ Ski/Wheel ☐ Hull ☐ Ski ☐ Unknown						

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-C1G	L-41772-36E	01/03/2011	180	1,171	91	1,171
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ AAIP ☒ Annual ☐ Continuous Airworthiness ☐ Condition ☐ Unknown Date of Last Inspection: <u>10/09/2024</u> mm/dd/yyyy Airframe Total Time: <u>1,079.9</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: _____ Description of Fire Extinguishing System ☒ None ☐ Specify: _____	ELT Installed: ☐ Yes ☐ No If Yes: ELT Manufacturer: <u>Ameri-King Corporation</u> Model or Part No.: <u>AK-451</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 Propeller 1 ☐ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>MT-Propeller</u> Model: <u>MTV-15-B</u> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>James Stephen Page</u> City: <u>[REDACTED]</u> State: <u>MT</u> ZIP: <u>59453</u> Country: <u>U.S</u>			
Fractional Ownership Aircraft: ☐ Yes ☒ No			
Operator of Aircraft ☒ <i>The Operator is also the Registered Owner</i> ☒ <i>Same address as Registered Owner</i> Name: _____ Doing Business As: _____ City: _____ State: _____ Air Carrier/Operator Designator (4-character code): _____ ZIP: _____ Country: _____			
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 450 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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 <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Unalakleet</u> Airport Identifier: <u>PAUN</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>66.00</u> sm. Direction From Airport: <u>194.00</u> degrees true Airport Elevation: <u>1,650.00</u> ft. MSL	
Runway Information Runway ID: _____ Length: <u>2,100</u> ft. Width: <u>75</u> ft.		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☒ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☒ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Unknown ☐ Slush-Covered ☐ Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☒ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown ☐ Elevated Heliport ☐ Helistop ☒ Off-site landing area			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Crosswind ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☐ 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: James

City of Residence: Garneill

Middle Initial: S

State: MT ZIP: 59453

Last Name: Page

Country: U.S

Age at time of Accident/Incident: 40

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
☐ 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

01/03/2025
 mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Limitations

None

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: Hand Held Sat Phone, Garmin Inreach

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

03/26/2025
 mm/dd/yyyy

Flight Review Aircraft

Make: Pilatus

Model: PC-12

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

Be-1900
 CASA212-200
 Tailwheel
 High Altitude
 High Performance
 Advanced Ground Instructor AGI

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	5,913	399	1,815	4072	1,267	739	205					466
Pilot in Command (PIC)	4,856	399	1,676	3147	879	621						461
Time as Instructor	57											
This Make/Model					12							
Last 90 Days	179	79	179		1	53						79
Last 30 Days	51	26	51		1	12						26
Last 24 Hours	5	5	5									5

"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: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ 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 ☐ 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 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
Total Time						Actual	Simulated					
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
Middle Initial: _____	State: _____ Zip: _____		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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)		Restraint Type	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Supplemental Restraint, specify: _____	
☐ Yes ☐ No			

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Center ☐ Right ☐ Front	☐ Rear ☐ Single ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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)		Restraint Type	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Supplemental Restraint, specify: _____	
☐ Yes ☐ No			

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

Number of Passengers _____					
Passenger Information	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 ☐ 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	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>PAUN</u> City: <u>Unalakleet</u> State: <u>AK</u> Country: <u>US</u>	Time: <u>21:00</u> HH:MM Time Zone: <u>AK</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>Remote Locat</u> City: _____ State: <u>AK</u> Country: <u>US</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☒ Unknown

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: Ground ft. MSL**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Source of Pilot Weather Information**

(Check all that apply)

- ☒ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☐ Electronic Flight Bag-Application: ☐ Unknown

☒ On-Board Weather**Weather Observation Facility**

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

Basic Conditions

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud Condition

Height
4,000 ft. AGL

Light Condition

- ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

- ☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial ☐ Unknown
☐ Obscuration
☒ Scattered

Ceiling

- ☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height4,000 ft. AGLTemperature: _____ (°C) or 44.8 (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:29.90 (Hg), or _____ (mb)**Wind Direction**

☒ Variable or
 Direction: _____
 degrees true

Wind Speed

☐ Calm
☒ Light and Variable
 or
 Speed: _____ kts

Wind Gusts

☒ Not Gustating
 or
 Speed: _____ kts

Visibility

_____ miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: 850.0 ft.

Type of Precipitation (Check all that apply)

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

Restriction to Visibility (Check all that apply)

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

Icing Forecast

- Amount** **Type**
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☐ N/A
☐ Unknown

Icing Actual

- Amount** **Type**
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence (Check all that apply)

- Type** **Severity**
☒ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective ☐ 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 <i>(Use additional sheet, if necessary.)</i> MT Propeller 2 blade broken, Engine Unknown/crankshaft, Left wing damage, Left struts damaged, 4" of top of Rudder damaged					
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink.)</i>					
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.					
Date: 9/4/2025 Time: 2131 • Aircraft Type: 2011 Scout 8GCBC ☐ Serial Number: 534-2010 ☐ Single Engine, Tail Wheel • Aircraft N Number: N242BC • ADSB In/Out • Pilot: James Stephen Page, 40 years old • Pilot Weight: 185 lbs. • Medical: Second Class, No Limitations • Phase of Flight: Roll out landing • No passengers on board, just one pilot. • Max landing weight 2150 lbs. • Actual landing weight 1867.5 lbs. • FOB landing 35.5 gallons Total gallons 72 gallons • Total Cargo in cabin baggage area 22 lbs. Aft extended baggage 0 lbs. • Weather: Day VMC Clouds: 4000' Scattered Visibility: +6 miles Wind: SW 5 to 7 mph • Location of mishap: Lat/Long – 60° 51.54N / 161° 44.14W • Landing direction: North slightly up hill, 1% • Contributing factors: Low spot on runway, Half fuel tanks in wings, light tail • Damage: 2 Bladed MT Propeller, Left Spar, Rudder, Tail Wheel • No Injuries, no fatalities, no fire • ELT activated when aircraft went on back during landing. • Part 91 flight. • Landing strip- previous experience safely operating into and out of; runway length approximately 1500', no obstacles on either end, runway condition dry. • Total Flight Time for the Day: 3.2 hours Narrative: I returned to pick up a friend on a strip that I had previously flown into and out of numerous times safely with my scout. I set up for a landing after circling and inspecting the landing strip. I had made several low approaches from both directions ensuring the safety and					
OPERATOR/OWNER SAFETY RECOMMENDATION <i>(How could this accident/incident have been prevented?)</i>					
This is a tough one. I truly have beat my-self up trying to figure out what if anything I could have done better. I took my time in this particular location- flew empty into it the first time, operated out of it successfully 5 times, and had the strip marked well with white trash bags. Hindsight is 20/20 however if I could do it over again, I would change. I would wear a helmet I would have done a full-stall 3-pt landing I would have filled up a 5-gallon water jug and placed it into the tail for a more aft weight and balance. Then emptied it. Having no weight in tail was not good. I would not land on tundra but more of a gravel ridge -smoother surface.					

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.

- Phase of Flight: Roll out landing
- No passengers on board, just one pilot.
- Max landing weight 2150 lbs.
- Actual landing weight 1867.5 lbs.
- FOB landing 35.5 gallons Total gallons 72 gallons
- Total Cargo in cabin baggage area 22 lbs. Aft extended baggage 0 lbs.
- Weather: Day VMC Clouds: 4000' Scattered Visibility: +6 miles Wind: SW 5 to 7 mph
- Location of mishap: Lat/Long – 60° 51.54N / 161° 44.14W
- Landing direction: North slightly up hill, 1%
- Contributing factors: Low spot on runway, Half fuel tanks in wings, light tail
- Damage: 2 Bladed MT Propeller, Left Spar, Rudder, Tail Wheel
- No Injuries, no fatalities, no fire
- ELT activated when aircraft went on back during landing.
- Part 91 flight.
- Landing strip- previous experience safely operating into and out of; runway length approximately 1500', no obstacles on either end, runway condition dry.
- Total Flight Time for the Day: 3.2 hours

Narrative:

I returned to pick up a friend on a strip that I had previously flown into and out of numerous times safely with my scout. I set up for a landing after circling and inspecting the landing strip. I had made several low approaches from both directions ensuring the safety and condition of the landing strip. Winds were light and variable out of the southwest. I briefed a wheel landing with full flaps and completed my landing check list. I made a smooth touch down on my mains insuring great forward visibility with neutral stick. At the end of landing roll out, power was being reduced to idle, and stick was pinned all the way aft, tail wheel was on the ground and speed was approximately 10 mph. The aircraft entered an obstructed dip in the runway. The aircraft rolled through the dip however the dip created a nose down pitch attitude that was not recoverable. The aircraft did not leave the ground rolling through the dip. The resting position of the aircraft was on its back. I successfully shut off the master switch and the fuel shut off switch and exited the aircraft without injury. The ELT was activated when the vertical stabilizer impacted the ground. Immediately upon reaching cell phone service I self-reported the incident to the FAA and NTSB.

FAA Anchorage AK Flight Standard District Office: Buck Dewhisst [REDACTED]

NTSB: Millicent Hill [REDACTED]

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

This is a tough one. I truly have beat my-self up trying to figure out what if anything I could have done better. I took my time in this particular location- flew empty into it the first time, operated out of it successfully 5 times, and had the strip marked well with white trash bags.

Hindsight is 20/20 however if I could do it over again, I would change.

I would wear a helmet

I would have done a full-stall 3-pt landing

I would have filled up a 5-gallon water jug and placed it into the tail for a more aft weight and balance. Then emptied it. Having no weight in tail was not good.

I would not land on tundra but more of a gravel ridge -smoother surface.

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)

35.0 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 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:

opened door and walked away from flipped airplane.

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:

10/17/2025

mm/dd/yyyy

Name of Pilot/Operator: James Stephen Page

Signature: _____

-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.
ANC25LA102

Reviewed by NTSB AS Division
Anchorage, AK

Name of Investigator
M. Hill

Date Report Received
10/17/2025