

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location Nearest City/Place: <u>Spotted Bear Airfield</u> State: <u>MT</u> ZIP: _____ Country: <u>United States</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>01/24/2021</u> Local Time: <u>10:36AM</u> mm/dd/yyyy Time Zone: <u>Mountain</u>	
Collision with Other Aircraft:		Midair	On-ground
		☒ None	

Registration Number: N55BT
 Manufacturer: Robert Heckel
 Model: cat PA-14 Wag Aero SuperSports
 Serial Number: 001
 Year of Manufacture: 1992
 Amateur-Built: ☒ Yes ☐ No If Yes: Kit/Plans Make: Wag Aero SuperSportsman
 Original Design 2+2

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 2200 lbs
 Weight at Time of Accident/Incident: 1707 lbs
 Number of Seats: 4 Flight Crew Seats: 1
 Cabin Crew Seats: Passenger Seats: 3
 Number of Engines: 1

Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)		Landing Gear (Check all that apply)		Engine Type (Select one)	
Airplane	Standard	Special	Retractable		Reciprocating	Liquid Rocket
Balloon					Turbo Shaft	Solid Rocket
Blimp/Dirigible	Normal	Restricted			Turbo Prop	Hybrid Rocket
Glider	Aerobatic	Limited	Tricycle		Turbo Jet	None
Gyroplane	Balloon	Provisional			Turbo Fan	Unknown
Helicopter	Commuter	Special Flight	Amphibian	High Skid	Electric	
Powered Lift	Transport	Experimental	Emergency Float	Skid		
Rocket	Utility	Special Light-Sport	Float	Ski		
Ultralight		Experimental Light-Sport	Hull	Ski/Wheel		
Unknown						
	Certificate of Authorization or Waiver (COA)		Other Launch/Recovery System		Fuel System Type (Reciprocating)	
	None	Unknown	None	Unknown	Carburetor	Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	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	Continental	C-470	67231-7-L	11-27-78	230	1480	74	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour _____ AAIP _____ Annual _____ Continuous Airworthiness _____ Conditional Inspection _____ Unknown _____		Propeller 1 Fixed Pitch _____ Controllable Pitch _____ Ground Adjustable _____ Manufacturer: <u>McCaughey</u> Model: <u>I-90M-4</u>		Propeller 2 Fixed Pitch _____ Controllable Pitch _____ Ground Adjustable _____ Manufacturer: _____ Model: _____	
Date Last Inspection: <u>05/11/2020</u> mm/dd/yyyy		ELT Installed: <u>Yes</u> No		Additional Equipment (Check all that apply)	
Airframe Total Time: <u>656</u> hrs hours measured at (Select one) Last Inspection _____ Time of Accident/Incident _____		If Yes: _____ ELT Manufacturer: _____ Model or Part No.: _____		<u>ADS-B</u> Airframe Parachute _____ Angle of Attack Indicator _____ Autopilot _____ Data Recorder _____ <u>Electronic Flight Bag</u> 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: _____	
Type of Maintenance Program (Select one) Annual _____ <u>Conditional (Amateur-built only)</u> Manufacturer's Inspection Program _____ Other Approved Inspection Program (AAIP) _____ Continuous Airworthiness _____ Other, specify: _____		TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz)			
Description of Fire Extinguishing System None _____ Specify: <u>Hand Held</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 _____			

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: George & Elaine WeylCity: BigforkState: MT ZIP: 59911Fractional Ownership Aircraft: Yes ☐ No ☒Country: U.S.A**Operator of Aircraft**Same As Registered OwnerSame Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

None
Flag Carrier Operating Certificate (FAR 121)
Supplemental
Air Cargo
Foreign Air Carriers (FAR 129)
Rotorcraft External Load (FAR 133)
Commuter Air Carrier (FAR 135)
On-Demand Air Taxi (FAR 135)
Commercial Air Tour (FAR 136)
Agricultural Aircraft (FAR 137)
Pilot School (FAR 141)
Certificate of Authorization or Waiver (COA)
Commercial Space Transportation
Experimental Permit
Commercial Space Transportation License
Other Operator of Large Aircraft

Regulation Flight Conducted Under

FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces
Federal
State
Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic
Non-Scheduled or Air Taxi International

Passenger
Cargo
Mail Contract Only

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

(Select one)

Aerial Application Firefighting Unknown
Aerial Observation Flight Test
Air Drop Glider Tow
Air Race/Show Instructional
Banner Tow Other Work Use
Business Personal
Executive/Corporate Positioning
External Load Skydiving
Ferry

Revenue Sightseeing FlightYes ☐ 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: Spotted Bear AirfieldDistance From Airport Center: 0 smAirport Identifier: 8U4Direction From Airport: 0 degrees trueProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/AAirport Elevation: 3672' ft. msl**Runway Information**Runway ID: 14 (L/R/C) Length: 3800 ft Width: 78 ft**Runway/Landing Surface (Check all that apply)**

Asphalt Grass/Turf Macadam Water
Concrete Gravel Metal/Wood
Dirt Ice Snow Unknown

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

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

Approach/Departure Segment (Select one)

Taxi 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/TWOR ILS ASR
VOR/DME Localizer Only Visual
TACAN LOC-back course Contact
RNAV Circling
Unknown

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

☒ 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: George Weyl City of Residence: Big fork
 Middle Initial: R State: MT ZIP: 59911
 Last Name: Weyl Country: U.S.A
 Age at time of Accident/Incident: 54 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type Available ☒ None ☐ Used ☐ 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
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Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

06/29/2020
 mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance Anxiety meds

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

08/24/20
01/04/2021
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: PA-18

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

B-737, B-757, B 767, DL-9
BE-1900

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	21430	150	1309	20121						
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	150	1600								
Last 30 Days	25	1000								
Last 24 Hours	133	133								

"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: _____

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 InjuryNone Fatal
Minor Unknown
Serious**Seat Occupied**Left Front
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 RestraintsNot Installed
Installed
Not Deployed
Deployed
Unknown**Pilot Certificate(s)** (Check all that apply)

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

Principal OccupationPilot
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 Issuance****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)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	Instrument Airplane
Airplane Single-Engine	Instrument Helicopter
Airplane Multi-Engine	Helicopter
Gyroplane	Glider
Powered Lift	Sport

Type Ratings**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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

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

Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>Mark</u> City: <u>Bigfork</u>	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	55 Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: <u>W</u> State: <u>MT</u> ZIP: <u>59911</u>			None	None		
Last Name: <u>West</u> Country: <u>USA</u>			Lap Only	Lap Only		
Crew ☐ Passenger ☒ Other ☐			3-point	3-point		
			4-point	4-point		
			5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐			3-point	3-point		
			4-point	4-point		
			5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐			3-point	3-point		
			4-point	4-point		
			5-point	5-point		
			Unknown	Unknown		
First Name: _____ City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐			3-point	3-point		
			4-point	4-point		
			5-point	5-point		
			Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>851</u> City: <u>Polson</u> State: <u>MT</u> Country: <u>USA</u>	Time of Departure Time: <u>10:00</u> Time Zone: <u>MT</u>	Destination Airport ID: <u>804</u> City: <u>Spotted Bear Airfield</u> State: <u>MT</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 ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A ☐ Class G ☒ Military Operations Area (MOA) ☐ Special ☐ Altitude of In-Flight Occurrence: _____ ft msl 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				

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 ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather ☐	Weather Observation Facility Facility ID: <u>KGPI / Ronan</u> Observation Time: <u>0956L</u> Time Zone: <u>Mountain</u> Distance from Accident Site: <u>30/25</u> nm Direction from Accident Site: <u>150/080</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night
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Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Obscured ☒ Few ☐ Thin Overcast ☐ Indefinite ☐ Partial Obscuration ☐ Unknown ☐ Unknown ☐ Scattered	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Unknown	Temperature: _____ (C) or <u>30</u> (F) Dew Point: _____ (C) or <u>24</u> (F) Altimeter Setting: <u>29.97</u> in. Hg ^{est} or _____ MB Altimeter Set to field elevation
Lowest Cloud Condition Height <u>10,000</u> ft agl	Ceiling Height _____ ft agl	

Wind Direction ☒ Variable ☐ -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable Speed: _____ kts	Wind Gusts ☒ Not Gusting ☐ -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Drizzle ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Snow Grains ☐ Freezing Drizzle ☐ Hail ☐ 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
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Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity Light ☐ Moderate ☐ Severe ☐ Extreme
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

NONE for Airfield

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**

None

In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**

None

In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Prop Strike, damage to top of
vertical stabilizer + Rudder.

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.

Predeparture: Normal pre-flight with no abnormalities found. Wx at field was clear and wind variable at 2-3 kts. Wx reports at 2 closest reporting stations was light wind with few scattered clouds high. Normal Takeoff and climb out. Upon reaching Spotted Bear (10:30) I perform a low approach over the landing area for inspection. The runway side cone markers were visible from the air and numerous parallel tracks were on the airstrip. I made the decision to land and maneuvered for a normal traffic pattern at 1000' AGL on downwind. Normal Approach and Touchdown (10:30) L. After touchdown we rolled approx 30 yds (90 ft) and were decelerating when we hit a pocket of soft snow that was deeper than I expected. We were immediately stopped by the snow at approx 35-40 mph and the momentum flipped the aircraft nose first onto its back. No injuries were obtained.

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

Operator/Owner Safety Recommendation

- 1) Obtain info from local authority ie forestry Service
- 2) Make a more indepth Inspection of Airport Area
- 3) TO Realize that weather can be extremely different in short distances when in Mountainess Terrain (Snow accumulation Amounts)

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 INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

46.9 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

None

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

Exited out of each respective door

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

Substantial

Minor

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

01/28/2021
mm/dd/yyyy

Name of Pilot/Operator: George R Weyl

Signature: [REDACTED]

- 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.

WPR21LA096

Reviewed by NTSB Regional Office

WPR - AS

Name of Investigator

Joshua Cawthra

Date Report Received

1/28/2021