

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: AeroBinninger, LLC

Fractional Ownership Aircraft: Yes ☐ No ☒

City: LEWISTON

State: FD ZIP: 83501

Country: USA

Operator of Aircraft

Same As Registered Owner

Name: Steven P Binninger

Doing Business As: _____

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

Same Address as Registered Owner

City: McCall

State: FD ZIP: 83638

Country: USA

Operating Certificates Held

(Check all that apply)

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

Regulation Flight Conducted Under

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

FAR 91 Special Flight

Non-US, Commercial

Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces

Federal

State

Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter Domestic

Non-Scheduled or Air Taxi International

Passenger

Cargo

Mail Contract Only

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

(Select one)

Aerial Application Firefighting Unknown

Aerial Observation Flight Test

Air Drop Glider Tow

Air Race/Show Instructional

Banner Tow Other Work Use

Business ☒ Personal

Executive/Corporate Positioning

External Load Skydiving

Ferry

Revenue Sightseeing Flight

Yes ☐ No ☒

Air Medical Flight

Yes ☐ No ☒

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: McCall Municipal Airport

Airport Identifier: KMYL

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: 34 (L/R/C) Length: 1500 ft Width: 150 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

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

Unknown

Approach/Departure Segment (Select one)

Taxi VFR Departure ☒ On Instrument Approach Downwind

Takeoff IFR Departure Procedure/Clearance ☒ Landing Base

Initial Climb Final

Crosswind Low Approach

Go Around

Aborted Landing (after touchdown)

Unknown

IFR Approach (Check all that apply)

☒ None

ADF/NDB PAR MLS Practice

SDF Sidestep LDA GPS

VOR/TVOR ILS ASR

VOR/DME Localizer Only Visual

TACAN LOC-back course Contact

RNAV Circling

Unknown

VFR Approach (Check all that apply)

None

☒ Traffic Pattern

Straight-in

Valley/Terrain Following

Go Around

Full Stop

Stop and Go

Touch and Go

Simulated Forced Landing

Forced Landing

Precautionary Landing

Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

(Pilot) Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying (Yes) No

"Flight Crewmember 1" Identification

First Name: Steven City of Residence: McCall

Middle Initial: P State: ID ZIP: 83638

Last Name: Binniger Country: USA

Age at time of Accident/Incident: 55 Date of Birth: 7/19/67 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) (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 <u>07/20/2022</u> mm/dd/yyyy
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Medical Certificate Limitations
 Must wear lenses for distant, have glasses for near vision
 Not valid for any class after 07/31/2023

Medical Certificate Special Issuance
 Jan. 7, 2021 Ref:

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>01/10/2022</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Cessna</u> Model: <u>185</u>
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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
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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	3,741.5	143.9	3,741.5	—	407.1	21	50.2	—	—	—
Pilot in Command (PIC)	3,605.9	143.9	3,605.9							
Time as Instructor	—	—								
This Make/Model										
Last 90 Days	65.4	26.2	65.4							
Last 30 Days	10.7	3.2	10.7							
Last 24 Hours	.6	—	.6							

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage			Aircraft Fire		Aircraft Explosion	
None	Substantial		None	Both Ground and In-Flight	None	Both Ground and In-Flight
Minor	Destroyed		In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	Unknown		On-Ground	Unknown	On-Ground	Unknown

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

Damage Consistent with nose over - airplane on its back. See photos submitted by KMYL Airport Manager.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

On July 3 around 11 AM I was flying Super Cub N36KG returning to the McCall airport after having flown to a couple local airports within a ten mile radius. I performed 2 stop and go landings and 1 touch and go landing at New Meadows airfield (1U4) and one full stop landing at a private airfield about 4 miles northwest of McCall called Ski Valley. As returned to McCall, the weather was clear skies temperature in the 70s wind was reporting variable at 5 knots - A nice morning for flying. Density altitude was 7300. As I approached and made a power off 3-point landing on runway 34, I inadvertently pressed the heel brakes upon landing. When the tail came up my heels remained on the brakes - maybe it was a muscle memory from all the hours in tow brakes that prevented my heels from letting up on the heel break, and the plane subsequently flipped over on its back. I remained aware of the situation throughout the event and upon coming to a stop, I turned off the master switch and the mags and exited the airplane through already open window. I had a couple scratches and other than those minor scrapes, I sustained, no injuries. Two days previously I was flying in a skywagon with toe brakes, in gusty crosswinds. In the skywagon as my feet are on the rudder pedals my heels, cant inwards. This foot position is similar to where your feet would be in the cub when you want to use the heel brakes. This accident was 100% my fault, and with just slightly different inputs from me could've been prevented. As bummed out as I am, this humbling experience has already taught me a lot. I'm fortunate to be able to learn from this accident without sustaining serious injury. I have already in my mind thought of how to prevent this from happening again. For example, I will include in the pre-landing checklist if I'm operating a plane with heel brakes - saying that out loud- "Heel Brakes" and position my feet straight up and down away from that inward heel brake. Also, I've thought about recent flight experience in this accident airplane when it was on Straight skis where there were no brakes and even if you press them nothing happens so it may have been comfortable for me to rest my feet with the heels inward, even pressing on the heel breaks with no affect. In summary, I've learned a big lesson from this accident, and it reinforces the need to remain focused, use checklists, and in my case, even have a pre-flight briefing with myself about the particular plane I'm going to fly even if I'm very familiar with them.

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KMYL</u> City: <u>McCall</u> State: <u>ID</u> Country: <u>USA</u>	Time of Departure Time: <u>10:07 am</u> Time Zone: <u>MDT</u>	Destination Airport ID: <u>KMYL</u> <u>Via 144 + Ski Valley</u> City: <u>McCall</u> State: <u>ID</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) Class B Demo Area Airport Advisory Area Class C Warning Area Jet Training Area 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) ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ On-Board Weather	Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Weather Observation Facility Facility ID: <u>KMYL ASOS</u> Observation Time: <u>11:00 am, 10:00 am</u> Time Zone: <u>MDT</u> Distance from Accident Site: <u>< 1</u> nm Direction from Accident Site: _____ degrees true
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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) ☐ Broken Obscured ☐ Overcast Indefinite ☐ Unknown
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl
Temperature: _____ (C) or <u>75-77</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>5</u> kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>7300</u> ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown
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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:

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

Operator/Owner Safety Recommendation

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)

25

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

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

Slid through already open right window

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

07/07/2023
mm/dd/yyyy

Name of Pilot/Operator: Steven P. Binniger

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.
WPR23LA250

Reviewed by NTSB Regional Office
WPR

Name of Investigator
Kristyn Blocher

Date Report Received
7/11/23