

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**
This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Soldotna State: AK
ZIP: _____ Country: USA
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time
Date: 03-22-20 Local Time: 12:20
month/day/year Time Zone: AK time

Collision with Other Aircraft: Molar ~~Controlled~~ None

AIRCRAFT INFORMATION

Registration Number: N7023E
Manufacturer: Cessna
Model: 175A
Serial Number: _____
Year of Manufacture: _____

Amateur-Built: Yes No Yes Kit/Plans Make Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: _____ lbs
Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____ Flight Crew Seats: _____
Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

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

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <small>month/day/year</small>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	<u>Cessna</u>	<u>60 300</u>			<u>145</u>			
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> AAIP <input type="radio"/> Annual <input type="radio"/> Continuous Airworthiness <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Unknown Date Last Inspection: <u>Unknown</u> <small>month/day/year</small> Airframe Total Time: <u>Unknown</u> hrs <small>hours measured at (Select one)</small> <input type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	Propeller 1 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>McCawley</u> Model: _____	Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program <i>(Select one)</i> <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input type="radio"/> Yes <input type="radio"/> No <i>If Yes</i> ELT Manufacturer: <u>Unknown</u> Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No <i>If activated</i> Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input type="radio"/> No <i>If not activated</i> Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	Additional Equipment <i>(Check all that apply)</i> <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Outboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____		

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: _____ City: _____
 State: _____ ZIP: _____
 Fractional Ownership Aircraft: Yes No
 Country: _____

Operator of Aircraft

Name: Daniel Hayden City: North Pole
 State: AK ZIP: 99705
 Air Carrier/Operator Designator (4 Character Code): _____ Country: USA

Operating Certificates Held

- (Check all that apply)
- None
 - Flag Carrier Operating Certificate (FAR 121)
 - Supplemental
 - Air Cargo
 - Foreign Air Carrier (FAR 129)
 - Rotocraft 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: Seldatan Airport Distance From Airport Center: _____ mi
 Airport Identifier: PASX Direction From Airport: _____ degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A
 Airport Elevation: 113 ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length 5001 ft Width 130 ft

Runway/Landing Surface (Check all that apply)

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

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

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

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 Precision
- 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 ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PASX</u> City: <u>Seldotna</u> State: <u>AK</u> Country: <u>USA</u>		Time of Departure Time: <u>12:10</u> Time Zone: <u>AK</u>	Destination Airport ID: <u>Pasx</u> City: <u>Seldotna AK</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: _____ ft. MSL
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ mi Direction from Accident Site: _____ degrees true
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Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	Lowest Cloud Condition Height _____ ft. agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Ceiling Height _____ ft. agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg or _____ MB
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Wind Direction <input type="checkbox"/> Variable Direction: _____ degrees true	Wind Speed <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable Speed: <u>5</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting Speed: _____ kts	Visibility <u>10 +</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
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Icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
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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
 Explosion at Unknown Time
 Unknown

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

AK flipped on its back. Damage to firewall, nose wheel strut, both wings damaged along spars, wrinkles in wing skin.

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 March 22nd (Sunday) I Daniel Hayden was working with a friend to test run an engine on N7023E, a Cessna 175A. I do not know the year. The aircraft engine seemed to run fine after several starts, run-ups. It was suggested that I Daniel Hayden take the airplane around the pattern once for a test flight at which time I refused due to the battery not indicating a charge. I then said I would give it a test flight. The aircraft fired up no problem and I taxied to runway 7 and did a run-up. Everything checked out good with no abnormalities. I departed runway 7, made right traffic and came around to land on runway 7. As I turned final, I lined up with runway 7 and slowed down putting in flaps. The runway and adjoining taxiways had 5 to 6 inches of fresh snow due to a snow storm the day before. There were a few tracks on the runway as well as taxiways. I didn't realize when I turned final that I was actually lined up with the ski-strip which had fresh snow over packed snow about 18" deep. As I touched down the nose wheel dug in and caused the aircraft to flip over.

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 INFORMATION

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

40 Gallons

Fuel Type

- 80/87 115/145 Jet B Other, specify _____
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

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

exited through the pilot side 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 Minor
 Substantial None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report 03-25-20 Name of Pilot/Operator: Daniel Hayden
mm/dd/yyyy Signature: _____
-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report
Name: _____ Title: _____
Signature: _____
-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. ANC20CA036	Reviewed by NTSB Regional Office ANC	Name of Investigator Eric Swenson	Date Report Received 03/26/2020
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