

**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: <u>Anchorage</u> State: <u>AK</u> ZIP: <u>99502</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>		Accident/Incident Date/Time Date: <u>07/07/2021</u> Local Time: <u>1500</u> <i>mm/dd/yyyy</i> Time Zone: <u>AKST</u>	
Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None			

AIRCRAFT INFORMATION

Registration Number: <u>349X</u> Manufacturer: <u>Maule</u> Model: <u>M-5-210C</u> Serial Number: <u>6161C</u> Year of Manufacture: <u>1976</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____		<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>2300</u> lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>	
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Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <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> <table border="0"> <tr> <td>Standard</td> <td>Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type <i>(Select one)</i> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type <i>(Reciprocating)</i> <input type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected
	Standard	Special																	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	io-360-D33A	351211	1976	210	1409.18	1409.18	1409.18
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>10/17/2020</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>1409.18</u> hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	Propeller 1 <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>mccauley</u> Model: <u>D2A34C67-N</u>	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 checked="" type="radio"/> Yes <input type="radio"/> No <i>If Yes:</i> ELT Manufacturer: <u>artex</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 checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If activated:</i> Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input checked="" 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

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner		City: [REDACTED]	
Name: <u>Christopher Scott Coplin</u>		State: <u>AK</u> ZIP: <u>99502</u>	
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>USA</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner		<input type="checkbox"/> Same Address as Registered Owner	
Name: <u>Joshua Cody Macek</u>		City: <u>Las Vegas</u>	
Doing Business As: <u>NA</u>		State: <u>NV</u> ZIP: <u>89138</u>	
Air Carrier/Operator Designator (4 Character Code): _____		Country: <u>USA</u>	
Operating Certificates Held <i>(Check all that apply)</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft 	Regulation Flight Conducted Under <ul style="list-style-type: none"> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <ul style="list-style-type: none"> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown 	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <ul style="list-style-type: none"> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> Domestic <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only 	
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <ul style="list-style-type: none"> <input type="radio"/> Aerial Application <input type="radio"/> Aerial Observation <input type="radio"/> Air Drop <input type="radio"/> Air Race/Show <input type="radio"/> Banner Tow <input type="radio"/> Business <input type="radio"/> Executive/Corporate <input type="radio"/> External Load <input type="radio"/> Ferry <input type="radio"/> Firefighting <input type="radio"/> Flight Test <input type="radio"/> Glider Tow <input type="radio"/> Instructional <input type="radio"/> Other Work Use <input type="radio"/> Personal <input type="radio"/> Positioning <input type="radio"/> Skydiving <input type="radio"/> Unknown 	
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>Lake Hood</u> Airport Identifier: <u>PALH</u> Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Distance From Airport Center: _____ sm Direction From Airport: <u>140</u> degrees true Airport Elevation: <u>79</u> ft. msl	
Runway Information Runway ID: _____ (L/R/C) Length: <u>2200</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Holes <input type="checkbox"/> Ice Covered <input type="checkbox"/> Rough <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Soft <input type="checkbox"/> Vegetation <input type="checkbox"/> Water-Calm <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Wet <input type="checkbox"/> Unknown 	
Runway/Landing Surface <i>(Check all that apply)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> Grass/Turf <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Ice <input type="checkbox"/> Macadam <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Snow <input type="checkbox"/> Water <input type="checkbox"/> Unknown 			
Approach/Departure Segment <i>(Select one)</i> <ul style="list-style-type: none"> <input type="radio"/> Taxi <input type="radio"/> Takeoff <input type="radio"/> Initial Climb <input type="radio"/> VFR Departure <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> On Instrument Approach <input checked="" type="radio"/> Landing <input type="radio"/> Downwind <input type="radio"/> Base <input type="radio"/> Final <input type="radio"/> Crosswind <input type="radio"/> Low Approach <input type="radio"/> Go Around <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Unknown 			
IFR Approach <i>(Check all that apply)</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> SDF <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> VOR/DME <input type="checkbox"/> TACAN <input type="checkbox"/> PAR <input type="checkbox"/> Sidestep <input type="checkbox"/> ILS <input type="checkbox"/> Localizer Only <input type="checkbox"/> LOC-back course <input type="checkbox"/> RNAV <input type="checkbox"/> MLS <input type="checkbox"/> LDA <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> Circling <input type="checkbox"/> Practice <input type="checkbox"/> GPS <input type="checkbox"/> Unknown 		VFR Approach <i>(Check all that apply)</i> <ul style="list-style-type: none"> <input type="checkbox"/> None <input checked="" type="checkbox"/> Traffic Pattern <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input type="checkbox"/> Full Stop <input type="checkbox"/> Stop and Go <input checked="" type="checkbox"/> Touch and Go <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Forced Landing <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown 	

“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 Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver’s License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings _____	Student Endorsements <i>(Include dates)</i> _____
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	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: _____	<input type="radio"/> Left	<input type="radio"/> Front
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Rear
Last Name: _____	Country: _____	<input type="radio"/> Right	<input type="radio"/> Single
		<input type="radio"/> Unknown	<input type="radio"/> None
			<input type="radio"/> Minor
			<input type="radio"/> Serious
			<input type="radio"/> Fatal
			<input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	Used
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None	<input type="radio"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military	<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point	<input type="radio"/> 5-point
		<input type="radio"/> Unknown	<input type="radio"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	
		Inflatable Restraints	
		<input type="checkbox"/> Not Installed	
		<input type="checkbox"/> Installed	
		<input type="checkbox"/> Not Deployed	
		<input type="checkbox"/> Deployed	
		<input type="checkbox"/> Unknown	

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

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: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	Used	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	<input type="radio"/> None	<i>If Under 5,</i>
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="checkbox"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="checkbox"/> Lap-Held
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	Used	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	<input type="radio"/> None	<i>If Under 5,</i>
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="checkbox"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="checkbox"/> Lap-Held
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	Used	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	<input type="radio"/> None	<i>If Under 5,</i>
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="checkbox"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="checkbox"/> Lap-Held
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	Used	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> None	<input type="radio"/> None	<i>If Under 5,</i>
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="checkbox"/> Child Restraint
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="checkbox"/> Lap-Held
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PALH</u> City: <u>Anchorage</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>0930</u> Time Zone: <u>AK</u>	Destination Airport ID: <u>02AK</u> City: <u>Willow</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input checked="" 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather	Weather Observation Facility Facility ID: <u>PALH</u> Observation Time: <u>1353</u> Time Zone: <u>AKST</u> Distance from Accident Site: _____ nm 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 type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input checked="" type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input checked="" type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height <u>3500</u> ft agl	Temperature: <u>14</u> (C) or _____ (F) Dew Point: <u>7</u> (C) or _____ (F) Altimeter Setting: <u>29.85</u> in. Hg or _____ MB
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Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>9</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input checked="" 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 type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme
Amount	Type																													
<input checked="" type="radio"/> None	<input type="radio"/> N/A																													
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<input type="radio"/> Severe	<input type="radio"/> Unknown																													
<input type="radio"/> Unknown																														

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 Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Fire at Unknown Time
 On-Ground Unknown

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Explosion at Unknown Time
 On-Ground Unknown

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

- Left landing Gear: Bent up into wing strut unusable
- Tailwheel: Broke away from fuselage

Lake Hood Damage:

- Cowling: 5 in hole to fiberglass
- Propeller: 1/4 in chip to tip and slight bend

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 July 5th 2021, I began a 5 day back country flying course through God's Country Aviation. This beginner course is intended to provide pilots the tools needed to land off airport safely. The course is based in Willow, Alaska and operates out of Rustic Wilderness (02AK). When arriving at Rustic Wilderness each day, our instructor briefed us on the plan of the day, then held a brief ground instruction to ensure we were all on the same page. On July 7th 2021, at approximately 1400, our instructor explained that we were going to be practicing low approaches on a gravel bar we walked on a previous day. This particular gravel bar is approximately 400 ft long, with larger river rocks, and small trees located at the end of it. Our goal would be to touch down on our main landing gear, lightly drag our tires along the ground, inspect the area for potential hazards, then go-around. We were to do this until we felt confident enough to land. As in previous days, the instructor would be located on the ground with a hand held radio providing feedback on each approach. At approximately 1410, we departed Rustic Wilderness (02AK) inbound for the gravel bar we had been briefed on. We arrived to the gravel bar around 1430, us students were instructed to enter a traffic pattern while the instructor landed, and got into position. After getting the all clear, we spaced our traffic pattern out and began performing low approaches. I was number 3 out of 3 aircraft in the traffic pattern. At approximately 1500, I had performed around 6 or more low approaches and was on the downwind getting set up for another. On my previous approach, I was told that I came in a little too fast and to slow up just a bit. As I entered base to final, I ensured my approach speed was slower and touched down at my aiming point, which was at the beginning of the gravel bar. I touched down, rolled about half of the runway then over the radio I heard, "Go-around. I throttled up to full power in an attempt to go around. At the point I throttled full power, my tail was on the ground making it difficult to see what was in front of me. When I was able to get my tail up, I had about 2 seconds to see that I was going to hit a log covered by tall grass. I struck the log, continued flying, clearing all other obstacles then immediately ensured all flight controls were still moving free and correct. The instructor came over the radio instructing me to perform a low pass so he could inspect the damage. I began positioning for the low pass, when I noticed my left main landing gear was bent up and into the wing strut. I over flew my instructors position, who reported that my left main landing gear was damaged/unusable, and that the tail wheel had broken off but was still hanging. After talking it over, we decided it was in my best interest to fly back to lake hood. My father-in-law was in the course with me and flew ahead of me on the way back to Lake Hood. He informed tower of the situation and handled all further radio communication to allow me to focus on flying the airplane. When arriving at Lake Hood, tower cleared me straight into runway 14. Upon crossing the runway threshold, I entered ground effect, pulled the mixture then landed on the right main landing gear in an attempt to keep the damaged gear off the ground as long as possible. In doing so, I was able to bleed off much of the aircrafts energy, which allowed me to touch the damaged gear down at a low speed. As the damaged landing gear made contact with the runway, the aircraft ground looped and nosed over. I immediately shut everything down, unbuckled my seatbelt and exited the aircraft. In landing, the aircraft sustained damaged to the bottom of the cowling, and approximately a 1/4 chip on the tip of the propeller.

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)

30 _____ 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

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 <u>07/18/2021</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Joshua Cody Macek</u> Signature: _____ -- or -- <input checked="" type="checkbox"/> 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. ANC21LA058	Reviewed by NTSB Regional Office Alaska	Name of Investigator Banning	Date Report Received 7/21/2021
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