

**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: Central State: AK
 ZIP: 99730 Country: USA
 Latitude: 65.533461 Longitude: -144.695650
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 11/08/2021 Local Time: ~15:15
mm/dd/yyyy
 Time Zone: AKST
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N413CC
Manufacturer: Cub Crafters
Model: CC-18-180 (Top Cub)
Serial Number: CC18-0065
Year of Manufacture: 2013
Amateur-Built: Yes No *If Yes:* Kit/Plans Original Design Make: _____

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 2300 lbs
Weight at Time of Accident/Incident: ~1990 lbs
Number of Seats: 2 Flight Crew Seats: 1
 Cabin Crew Seats: 0 Passenger Seats: 1
Number of Engines: 1

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)
Standard Normal Aerobatic Balloon Commuter Transport Utility
Special Restricted Limited Provisional Special Flight Experimental Special Light-Sport Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)
 Retractable
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type *(Select one)*
 Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric
Fuel System Type *(Reciprocating)*
 Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	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	Lycoming	0-360-C4P	L-42222-36E	04/22/2013	180	1394.2	5.4	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: 09/27/2021
mm/dd/yyyy
Airframe Total Time: 1388.8 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: McCauley
 Model: FA8240

Propeller 2
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: N/A
 Model: N/A

Type of Maintenance Program *(Select one)*
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

ELT Installed: Yes No
If Yes:
ELT Manufacturer: KANNAD
Model or Part No.: S1840501-02
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)
Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No
If activated:
Did ELT Aid in Locating Aircraft? Yes No
If not activated:
Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment *(Check all that apply)*
 ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag 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: _____

Description of Fire Extinguishing System
 None
 Specify: Hand-held Fire Extinguisher.

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner		City: <u>BOISE</u>	
Name: <u>US DEPARTMENT OF INTERIOR</u>		State: <u>ID</u> ZIP: <u>83706-3991</u>	
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>USA</u>	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner		<input type="checkbox"/> Same Address as Registered Owner	
Name: _____		City: <u>ANCHORAGE</u>	
Doing Business As: _____		State: <u>AK</u> ZIP: <u>99502</u>	
Air Carrier/Operator Designator (4 Character Code): _____		Country: <u>USA</u>	
Operating Certificates Held <i>(Check all that apply)</i> <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 <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> <input type="radio"/> Armed Forces <input checked="" 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> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <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	
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>Coal Creek (common), Yukon-Charley Rivers (Listed)</u>		Distance From Airport Center: <u>~0.10</u> sm	
Airport Identifier: <u>L20</u>		Direction From Airport: <u>On airstrip</u> degrees true	
Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Airport Elevation: <u>867</u> ft. msl	
Runway Information Runway ID: <u>01</u> (L/R/C) Length: <u>3900</u> ft Width: <u>80</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input checked="" type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown			
Approach/Departure Segment <i>(Select one)</i> <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input checked="" type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> <input type="radio"/> <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> <input type="radio"/> <input type="radio"/> Crosswind <input type="radio"/> Unknown			
IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> <input type="checkbox"/> Unknown		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input checked="" type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input checked="" type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> <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) (Check all that apply) <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 _____ mm/dd/yyyy
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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: _____
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Airplane Rating(s) (Check all that apply) <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) (Check all that apply) <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) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <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 (Include dates) _____
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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: _____	<input type="radio"/> Left <input type="radio"/> Front	<input type="radio"/> None
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center <input type="radio"/> Rear	<input type="radio"/> Minor
Last Name: _____	Country: _____	<input type="radio"/> Right <input type="radio"/> Single	<input type="radio"/> Serious
		<input type="radio"/> Unknown	<input type="radio"/> Fatal
			<input type="radio"/> Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
<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="radio"/> 3-point	<input type="radio"/> 3-point
	<input type="checkbox"/> Airline Transport	<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="checkbox"/> US Military	<input type="radio"/> Unknown	<input type="radio"/> Unknown
	<input type="checkbox"/> Foreign		
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	

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	If Under 5, <input type="radio"/> Child Restraint
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="radio"/> Lap-Held
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> Unknown
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
			Available	Used	
			<input type="radio"/> None	<input type="radio"/> None	
			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
			<input type="radio"/> 4-point	<input type="radio"/> 4-point	
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
			Available	Used	
			<input type="radio"/> None	<input type="radio"/> None	
			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
			<input type="radio"/> 4-point	<input type="radio"/> 4-point	
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
			Available	Used	
			<input type="radio"/> None	<input type="radio"/> None	
			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
			<input type="radio"/> 4-point	<input type="radio"/> 4-point	
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
			Available	Used	
			<input type="radio"/> None	<input type="radio"/> None	
			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
			<input type="radio"/> 4-point	<input type="radio"/> 4-point	
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
			Available	Used	
			<input type="radio"/> None	<input type="radio"/> None	
			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
			<input type="radio"/> 4-point	<input type="radio"/> 4-point	
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	
			Available	Used	
			<input type="radio"/> None	<input type="radio"/> None	
			<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	
			<input type="radio"/> 3-point	<input type="radio"/> 3-point	
			<input type="radio"/> 4-point	<input type="radio"/> 4-point	
			<input type="radio"/> 5-point	<input type="radio"/> 5-point	
			<input type="radio"/> Unknown	<input type="radio"/> Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>PAEG</u> City: <u>EAGLE</u> State: <u>AK</u> Country: <u>USA</u>	Time of Departure Time: <u>13:49</u> Time Zone: <u>AKST</u>	Destination Airport ID: <u>L20</u> City: <u>Coal Creek Camp</u> State: <u>AK</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> VFR/IFR <input checked="" type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input checked="" 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 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 checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>867</u> 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 checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input checked="" type="checkbox"/> TV/Radio <input checked="" 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 checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: <u>PAEG</u> Observation Time: <u>15:15</u> Time Zone: <u>AKST</u> Distance from Accident Site: <u>60</u> nm Direction from Accident Site: <u>286</u> 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 type="radio"/> Unknown <input checked="" type="radio"/> Scattered Lowest Cloud Condition Height <u>4200</u> ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height <u>N/A</u> ft agl	Temperature: <u>-16</u> (C) or _____ (F) Dew Point: <u>-19</u> (C) or _____ (F) Altimeter Setting: <u>29.93</u> in. Hg or _____ MB
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Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>170</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>4</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>-2700 approx.</u> ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input 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 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:
 None. Airmet Sierra (Mt. Obscuration). None. None along route.

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)*

Substantial damage including: Top portion of rudder crushed, door side wing struts bent in multiple spots, windshield broken, propeller strike and related propeller bending and damage, nose bowl crushed.

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.

Pre-touchdown phase:

The primary objective for the flight of 11.8.21 was to retrieve an Automatic External Defibrillator (AED) from Coal Creek Camp. Secondary flight missions to accomplish enroute to Airport L20 were to verify operational status of the new telemetry unit, observe Public Use Cabin status, and then report any observation data appropriately. I prepared my flight plan, completed my Operational Risk Management form with weather synopsis (gathered from AK Aviation Weather Unit, Foreflight, and previous evening TV AK Aviation Weather segment), and submitted these documents as per policy before I went to the aircraft for its preflight inspection.

After the initial flight portion from Eagle (departed at approximately 13:49 AKST) to Coal Creek, I approached the L20 airstrip. I announced my intentions on 122.8 for an overflight of Slaven's and then to enter the left downwind for Runway 01. I made these initial traffic advisories at 20 miles from the airport, then again at 10 miles, and then once more as the runway came into view. I saw and heard no traffic after each radio call. During this time, I also stowed flight items I had been using up to that point in the flight. While over Slaven's, I announced that I'd be flying a left downwind to the south, and then a low pass of Runway 01 for visual inspection. I heard no response and saw no traffic. I turned towards and entered the left downwind of Runway 01, overhead the west side of Slaven's.

At this time, I saw that there was a headwind component of about 5 miles per hour when comparing the GPS ground speed versus the airspeed indicator. My plan was to conduct a high to mid-level reconnaissance, and then move into a low-level reconnaissance over the runway. If all looked good up to that point, I would touch down for a short rolling assessment of the runway surface using the main wheels. I had no intention of making a full stop landing during this rolling action, or as I've been taught to call it, a runway surface drag. The landing decision was to be made after completing the high-level reconnaissance, low-level reconnaissance, and potential surface drag assessment.

I began planning for a go-around as it was the determined outcome of the low-level reconnaissance and potential touch/drag assessment. In addition, I completed the basic pre-landing checklist items using the aircraft's checklist. If all assessments proved acceptable, I thought I would then set up for a normal landing to the south, into the wind, and uphill on Runway 19.

As per my training, I began my visual inspection and landing zone assessment via a high-level to mid-level reconnaissance as I flew along the western side of the runway. The first thing I noticed was the wind appeared to lessen as I descended, from about 5 miles an hour to about 3 miles per hour. I looked at buildings, trail-way tracks, and the runway itself. The sun from this angle provided adequate light definition and I did not see any snowdrifts. Sunset was in approximately 30 minutes, with approximately another hour until civil twilight's end. I saw snow machine tracks that looked to be shallow surface tracks.

The weather was clear at the runway, with single digit temperatures, and the wind was from the south as previously stated. However, I observed the small wind-turbine mounted on the 'Aviation Storage' building was stationary. This indicated calm winds on the surface. My observations at that time supported my transition to the low-level reconnaissance assessment stage. In my mind the snow depth was the most pertinent piece of information to assess. At that time, I verified the airplane's configuration for a go-around, low level pass: gas on both, one notch of flaps, carburetor heat on, breakers in, lights on, mags both, rear seat heat off, cabin/seat-belt secure, brakes not locked 'on', wheels were present.

Due to the constrained terrain, it seemed appropriate to conduct a low-level reconnaissance at the southern end of the runway. This, I thought, allowed me easy access to more open terrain flying to the north past the runway for a go-around. During the low-level reconnaissance I planned to look at flat building rooftops on the runway's south end. This would provide me with what I thought was the best cross-cut view of the snow depth available. It was also immediately adjacent to the runway surface. I had two specific roof tops in

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

Operator/Owner Safety Recommendation

In review of the accident with my supervisor and aviation manager a few items were identified for improved safety:

1. The runway edge markers are planned to be painted with a color scheme for snow depth indications. Bright green at the base for less than 6" and then a red color scheme is adopted above 6" for example.
2. Utilize non-approved weather sources to assist in snow depth determination. There's a RAWS site within a 1/2 mile of the runway. The site is different than the strip and is influenced differently, but could provide for another reference point, particularly on depth. I was aware of the site but was not or had forgotten that this unit had the capability of snow depth readings. As it turned out in review the RAWS read about 2-3" more than what was on the runway surface. Using this would not have prevented me from conducting a first hand assessment as I did.
3. A discussion/instructional session concerning different tire sizes and snow depths is in the works for the education of all coworker pilots.
4. A agency radio station is being considered for installation for communication with ground persons. In this case there wasn't any ground personnel. In the future however persons on the ground may be able to provide basic conditions on the site for advisory purposes.

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.)

N/A

Total Time/Cycles
On Part

N/A _____ Hours
 _____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

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

59 _____ 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

Utilized agency fuel system prior to departure, adding approximately 17 gallons to the aircraft. All sumps were used post fueling.

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 aircraft from front seat, by opening door, unbuckling seat-belt, and crawling out headfirst.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

N/A

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.

Pilot observations of weather at L20: Clear, wind calm-light out of the south, Temperature in single digits Fahrenheit. Eagle (PAEG) was used as it is the nearest approved weather source.

My flight review and annual carding as per Agency policy was 10/29/2021 This involved +3 hours of flight time, +1 hour of ground, and is referred to as a 'check-ride' internally. My FAA flight review inked in my log book was on 7/11/2021.

The ELT did not go-off during accident most likely due to not enough G-forces experienced. I personally verified it off when leaving the site. In the process of making sure it was off, I accidentally briefly turned it on.

I wanted to state that the nearest approved weather source was at Eagle (PAEG) were I departed. The nearest city or community zip-code is actually Central, AK. This is what I put in the first fillable box "Accident/Incident Location". Though the actual accident occurred on L20 which is most commonly called 'Coal Creek'. The airport is listed and found in the AK supplement as 'Yukon-Charley Rivers'.

I was the sole occupant of the aircraft for the duration of the flight.

Wreckage of the site was limited to the entire airplane upside down on Runway 01.

See attached 3 pages for complete narrative as this document was scanned and then submitted.

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

Date of this Report <u>11/17/21</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: Nicholas Thompson Signature: _____ -- or -- <input 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. ANC22LA006	Reviewed by NTSB Regional Office ANC	Name of Investigator E. Swenson	Date Report Received 11/17/2021
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TITLE: N413CC, CC18-180 Accident, 11.8.21 Nick Thompson Pilot Narrative.

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I made a descent to the low-level reconnaissance in a manner much like a base to final approach. This began over Coal Creek Camp and its associated areas. I looked at those building roof tops and grassy open areas trying to take advantage of different sun angles for assessing the snow depth. I didn't see any red flags in this descent stage.

As I turned to enter final off the southern end of Runway 01, I made one more position call to 122.8 stating that I was conducting a low pass go-around to the north. No traffic was heard or seen. I was now lined up and looking down Runway 01 to the north. I did not see any snowdrifts down the length of the runway.

As I approached low, nearing the southern end of the runway, I checked my airspeed indicator. It read approximately 74 miles per hour. This is the approximate speed I wanted to be at for my plan as it afforded me more energy to initiate a go-around. I was trained that this speed range works well in a cub-type aircraft for the low-level environment. Then, the two buildings I had pre-determined in my mind from my high reconnaissance came into view. I looked at the 'dog-house' and saw approximately 4" of snow on its roof. I then looked at the 'Winter Storage' building and saw approximately 6" of snow on its roof. The 'Winter Storage' building roof is similarly sloped like the runway surface. The snow looked like dry and light weight interior snow.

I then turned my attention to the runway snow surface and compared it to the edge post markers. The snow depth didn't blatantly disagree with my roof top observations. I saw what I thought were the black base attachment points of the runway edge markers. That exact height was not known to me, but it didn't look out of place compared to what I had seen thus far.

Touchdown phase:

Looking down Runway 01 to the north, my touch down zone was approaching. This zone was approximately one-third to half-way down Runway 01. At that point I believed a brief touch down drag, not intended to exceed a couple airplane lengths or less, was warranted. I again thought the outcome of this touch/drag was going to be a go-around. I did not intend to land.

The main wheels touched the snow in the area I had chosen. It initially felt okay to me but also felt deeper than what I had observed on the roof tops. With that thought, as previously planned I advanced the throttle to full and began applying back stick pressure. As I initiated this, I felt the snow consistency

change to a punchy feeling. The tail rose against my back stick pressure and I felt the plane nosing over. I saw the propeller cut into the surface; each time the tail rose higher until the plane flipped over and came to rest on its back.

Post Touchdown Phase:

I found myself buckled inside the airplane upside down. My first action in this state was to pull the mixture out and close the throttle. I then turned off the mags. I then unbuckled and exited the aircraft. At the doorway of the plane, I reached back inside and turned off the auxiliary fuel transfer pump, which had apparently been kicked on. After that, I turned off the master switch. I then reached up and pulled the pilot cushion off the seat to reach the main fuel valve switch and placed it in the "off" position.

I collected my camping equipment from the back seat and cargo areas of the plane, putting them onto the wing, and moved away from the plane. I assessed myself and found no apparent injuries. I then looked for any high-risk fire potential. I didn't observe any major fuel leaks or sparking action. I did observe that the hydraulic wheel-ski pump had leaked out its fluid all over the cabin.

Approximately 30 minutes post-accident I was able to contact my supervisor and he initiated the mishap response plan.

I spent the night at Coal Creek Camp. On the morning of November 9th, I reported the weather to my Aviation Manager for the air-taxi pilot's consideration. I also verified the packed condition of the ski strip I had made. As I waited for the plane to arrive, I took pictures of the site to document conditions and aircraft damage. I used a framing square to measure snow depths. I took many pictures, including some of my roof assessment points.

I was at the plane taking pictures as the air-taxi pilot conducted his high-level reconnaissance and subsequent landing on wheel-skis.

The air-taxi pilot and I then decided to make sure that it was off. In the process of me doing this I unintentionally turned it on for the first time. The switch was awkward and difficult to move, but I did secure it in the 'off' position. I put the engine cover back in that compartment and closed the hatch door as it was. Prior to leaving I verified on 121.5 that there was no signal.

We then took off from L20 and headed for Fairbanks. Before heading enroute, I asked for a pass over the strip so I could take aerial pictures of the site. We arrived in Fairbanks without incident.

Nothing follows. NT.

