NTSB

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Osborne State: KS

ZIP: 67473 Country: United States

Latitude: 39.234431 Longitude: -98.698538

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/18/2024 *mm/dd/yyyy* Local Time: 1930

Time Zone: Cetral

Collision with Other Aircraft: ○ Midair ○ On-ground ● None

AIRCRAFT INFORMATION

Registration Number: N15189

Manufacturer: Air Proctor

Model: AT 502

Serial Number: 502-0155

Year of Manufacture: 1991

Amateur-Built: ○ Yes ● No *If Yes:* ○ Original Design ○ Kit/Plans Make:

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 9400 lbs.

Weight at Time of Accident/Incident: 6000 lbs.

Number of Seats: 1 Flight Crew Seats: 0

Cabin Crew Seats: 1 Passenger Seats: 0

Number of Engines: 1

Category of Aircraft *(Select one)*

● Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
○ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☐ Normal	■ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*

☐ Retractable
☐ Tricycle
■ Tailwheel
☐ Emergency Float
☐ Float
☐ Amphibian
☐ Other Launch/Recovery System
☐ None
☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ Unknown

Engine Type *(Select one)*

○ Reciprocating
○ Turbo Shaft
● Turbo Prop
○ Turbo Jet
○ Turbo Fan
○ Electric
○ Liquid Rocket
○ Solid Rocket
○ Hybrid Rocket
○ None
○ Unknown

Fuel System Type *(Reciprocating)*

○ Carburetor ○ Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. *(mm/dd/yyyy)*	Rated Power ● Horsepower or ○ Lbs. of Thrust	Total Time *(hours)*	Time Since: Inspection *(hours)*	Time Since: Overhaul *(hours)*
Eng. 1	Pratt & Whitney	PT6A-34AG	PCE-PH0869		750	4342.2	442.2	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

○ 100-Hour
○ AAIP
● Annual
○ Continuous Airworthiness
○ Condition Inspection
○ Unknown

Date of Last Inspection: 01/01/2024 *mm/dd/yyyy*

Airframe Total Time: 6514.7 hrs

Hours measured at *(Select one)*

● Last Inspection ○ Time of Accident/Incident

Type of Maintenance Program *(Select One)*

● Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
○ Other Approved Inspection Program
○ (AAIP) Continuous Airworthiness
○ Other, specify:

Description of Fire Extinguishing System

● None
○ Specify:

Additional Equipment

■ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Autopilot/FMS, Model
☐ Coupled Flight Director
☐ Data Recorder
☐ Device Stall Warning System
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Flight Management System
☐ Handheld GPS
☐ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Axis (circle one): 2, 3, 4, Model:
☐ Satellite Tracking Device
■ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
☐ Other, Specify:

ELT Installed: ○ Yes ● No *If Yes:*

ELT Manufacturer:

Model or Part No.:

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

Propeller 1

○ Fixed Pitch
● Controllable Pitch
○ Ground Adjustable

Manufacturer: Hartzell

Model:

Propeller 2

○ Fixed Pitch
○ Controllable Pitch
○ Ground Adjustable

Manufacturer:

Model:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Tri Rotor Spray & chemical

City: Ulysses State: KS

ZIP: 67880 Country: United States

Fractional Ownership Aircraft: ○ Yes ◉ No

Operator of Aircraft ☐ *The Operator is also the Registered Owner*

Name: Tri Rotor Crop services

☑ *Same address as Registered Owner*

Doing Business As: _____

City: _____ State: _____

ZIP: _____ Country: _____

Air Carrier/Operator Designator (4-character code): _____

Operating Certificates Held
(Check all that apply)

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

Regulation Flight Conducted Under

- ○ FAR 91
- ○ FAR 103
- ○ FAR 121
- ○ FAR 125
- ○ FAR 129
- ○ FAR 133
- ○ FAR 135
- ◉ FAR 137
- ○ FAR 415
- ○ FAR 431
- ○ FAR 435
- ○ FAR 437
- ○ FAR 450

- ○ 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
- ○ Non-Scheduled or Air Taxi
- ○ Domestic
- ○ International

- ○ Passenger
- ○ Cargo
- ○ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*

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

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: _____

Airport Identifier: _____

Proximity to Airport: ○ Off Airport/Airstrip ○ On Airport/Airstrip ○ N/A

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. MSL

Runway Information

Runway ID: _____ Length: _____ ft. Width: _____ ft.

Runway/Landing Surface *(Check all that apply)*

- ☐ Asphalt
- ☐ Concrete
- ☐ Dirt
- ☐ Elevated Heliport
- ☐ Grass/Turf
- ☐ Gravel
- ☐ Helideck
- ☐ Helistop
- ☐ Ice
- ☐ Macadam
- ☐ Metal/Wood
- ☐ Off-site landing area
- ☐ Snow
- ☐ Water
- ☐ Unknown

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

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

Approach/Departure Segment *(Select one)*

- ○ Taxi
- ○ Takeoff
- ○ Initial Climb
- ○ VFR Departure
- ○ IFR Departure Procedure/Clearance
- ○ On Instrument Approach
- ○ Landing
- ○ Downwind
- ○ Base
- ○ Final
- ○ Crosswind
- ○ Low Approach
- ○ Go Around
- ○ Aborted Landing (after touchdown)
- ○ Unknown

IFR Approach *(Check all that apply)*

- ☐ None

- ☐ ADF/NDB
- ☐ SDF
- ☐ VOR/TVOR
- ☐ VOR/DME
- ☐ TACAN
- ☐ PAR
- ☐ Sidestep
- ☐ ILS
- ☐ Localizer Only
- ☐ LOC-back course
- ☐ RNAV
- ☐ MLS
- ☐ LDA
- ☐ ASR
- ☐ Visual
- ☐ Contact
- ☐ Circling
- ☐ Practice
- ☐ GPS
- ☐ Unknown

VFR Approach *(Check all that apply)*

- ☐ None

- ☐ Traffic Pattern
- ☐ Straight-In
- ☐ Valley/Terrain Following
- ☐ Go Around
- ☐ Full Stop
- ☐ Stop and Go
- ☐ Touch and Go Simulated
- ☐ Forced Landing Forced
- ☐ Landing Precautionary
- ☐ Landing
- ☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

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

○ Captain ○ First Officer ☒ Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Garett
Middle Initial: J
Last Name: Handley
Age at time of Accident/Incident: 24

City of Residence: [redacted] Palco
State: KS ZIP: 67657
Country: USA
Date of Birth: [redacted] *(mm/dd/yyyy)*
Certificate Number: [redacted]

Degree of Injury
☒ None ○ Serious
○ Unknown ○ Fatal
○ Minor

Seat Occupied
○ Left ○ Front ○ Unknown
○ Right ○ Rear
○ Center ☒ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
☒ 5-point	☒ 5-point
○ Unknown	○ Unknown

Supplemental Restraint, specify: _____

Inflatable Restraints
☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Flight Instructor ☒ Commercial
☐ US Military ☐ Private ☐ Recreational
☐ Airline Transport ☐ Foreign ☐ Sport
☐ Student ☐ Flight Engineer

Principal Occupation
☒ Pilot
○ Other
○ Unknown

Medical Certificate
○ None ○ Class 3 ○ Unknown
○ Class 1 ○ BasicMed
☒ Class 2 ○ Driver's License (Sport Pilot only)

Medical Certificate Validity
☒ Without limitations/waivers ○ Unknown
○ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical
03/20/2024 *mm/dd/yyyy*

Medical Certificate Limitations
None

Medical Certificate Special Limitations
None

Personal Flight Equipment (*Check all that apply*)
☐ Fire resistant flight suit ☒ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☒ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 03/09/2023 *mm/dd/yyyy*

Flight Review Aircraft
Make: Citabria
Model: Bellanca 7GCAA

Airplane Rating(s) *(Check all that apply)*
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☒ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☒ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

Student Endorsements *(Include dates)*

Flight Time *(Enter hours for each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
Total Time	1782	950	1752	30	40	0	52					1480
Pilot in Command (PIC)	1717	950	1697	20	30	0	52					1480
Time as Instructor	0	0	0	1	0	0	0					0
This Make/Model												
Last 90 Days	189	188	189	0								189
Last 30 Days	130	130	130	0								130
Last 24 Hours	5.2	5.2	5.2	0								5.2

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

○ Captain ○ First Officer ○ 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

○ None ○ Serious
○ Unknown ○ Fatal
○ Minor

Seat Occupied

○ Left ○ Front ○ Unknown
○ Right ○ Rear
○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

○ **Supplemental.** Restraint type: _____

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*

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

Principal Occupation

○ Pilot
○ Other
○ Unknown

Medical Certificate

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

Medical Certificate Validity

○ Without limitations/waivers ○ Unknown
○ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical

_____
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Limitations

Personal Flight Equipment (*Check all that apply*)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ *mm/dd/yyyy*

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) *(Check all that apply)*

☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements

Student Endorsements *(Include dates)*

Flight Time *(Enter hours for each box)*	**All Aircraft**	**This Make & Model**	**Airplane Single Engine**	**Airplane Multiengine**	**Night**	**Instrument**		**Rotorcraft**	**Glider**	**Lighter Than Air**	**Multi-engine Rotocraft**	**Tail-wheel**
						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.)

Additional Crewmember Information

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ Zip: _____

Last Name: _____ Country: _____

Seat Occupied

○ Left ○ Rear
○ Center ○ Single
○ Right ○ Unknown
○ Front

Injury

○ None
○ Minor
○ Serious
○ Fatal
○ Unknown

Personal Flight Equipment *(Check all that apply)*

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Pilot Certificate(s) *(Check all the apply)*

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

Restraint Type

Available	Used
○ None	○ None
○ Lap Only	○ Lap Only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown
○ Supplemental. Restraint type: _____	

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs.

Additional Crewmember Information

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ Zip: _____

Last Name: _____ Country: _____

Seat Occupied

○ Left ○ Rear
○ Center ○ Single
○ Right ○ Unknown
○ Front

Injury

○ None
○ Minor
○ Serious
○ Fatal
○ Unknown

Personal Flight Equipment *(Check all that apply)*

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Pilot Certificate(s) *(Check all the apply)*

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

Restraint Type

Available	Used
○ None	○ None
○ Lap Only	○ Lap Only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown
○ Supplemental. Restraint type: _____	

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ 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.)

Number of Passengers _____

Passenger Information

First Name: _____ City: _____

Middle Initial: _____ State: _____ Zip: _____

Last name: _____ Country: _____

○ Crew ○ Passenger ○ Other

Seat

○ Left
○ Center
○ Right
○ Unknown

Row: _____

Injury

○ None
○ Minor
○ Serious
○ Fatal
○ Unknown

Restraint Type

Available	Used
○ None	○ None
○ Lap Only	○ Lap Only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown
○ Supplemental. Restraint type: _____	

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Age

☐ Under 5 years

If under 5 years,
○ Child Restraint
○ Lap-Held
○ Unknown

Personal Flight Equipment (*Check all that apply*)

☐ Fire resistant flight suit
☐ Helmet
☐ Laser protective visor/glasses
☐ PLB
☐ Fire resistant gloves
☐ Night vision goggles
☐ Helmet visor
☐ Personal flotation
☐ Other: _____

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ○ Crew ○ Passenger ○ Other **Personal Flight Equipment** (*Check all that apply*) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	○ Left ○ Center ○ Right ○ Unknown Row: _____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown ○ Supplemental. Restraint type: _____	**Used** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If under 5 years,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ○ Crew ○ Passenger ○ Other **Personal Flight Equipment** (*Check all that apply*) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	○ Left ○ Center ○ Right ○ Unknown Row: _____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown ○ Supplemental. Restraint type: _____	**Used** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If under 5 years,* ○ Child Restraint ○ Lap-Held ○ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ○ Crew ○ Passenger ○ Other **Personal Flight Equipment** (*Check all that apply*) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	○ Left ○ Center ○ Right ○ Unknown Row: _____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown ○ Supplemental. Restraint type: _____	**Used** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If under 5 years,* ○ Child Restraint ○ Lap-Held ○ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: K75 City: Osborne State: KS Country: United States	Time: 1900 Time Zone: CST	**Flight Number:** **Operating as Flight** _____	Airport ID: N/A City: _____ State: _____ Country: _____	● None ○ VFR/IFR ○ Company VFR ○ IFR ○ Military VFR ○ Unknown ○ VFR Activated? ○ Yes ○ No ○ Unknown

Type of ATC Clearance/Service *(Check all that apply)*

☐ Certificate of Authorization ☐ Special VFR ■ None ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Type of ATC Clearance/Service *(Check all that apply)*

☐ Class A ■ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Air Traffic Control Area
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Unknown
☐ Class C ☐ Warning Area ☐ Jet Training Area
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*

■ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
■ Electronic Flight Bag-Application: ForeFlight ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: Osborne Muni AWOS-2
Observation Time: _____
Time Zone: CST
Distance from Accident Site: 12 nm
Direction from Accident Site: 004° degrees true

Basic Conditions

● VMC
○ IMC
○ Unknown

Lowest Cloud Condition Height

_____ ft. AGL

Light Condition

○ Dawn ○ Dusk ○ Dark Night ○ Unknown
● Day ○ Night ○ Bright Night

Sky/Lowest Cloud Condition

● Clear ○ Thin Broken
○ Few ○ Thin Overcast
○ Partial Obscuration ○ Unknown
○ Scattered

Ceiling

○ None (Clear)
○ Broken
○ Overcast
○ Obscured
○ Indefinite
○ Unknown

Ceiling Height _____ ft. AGL

Temperature: _____ (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting: _____ Hg or _____ mb

Wind Direction

☐ Variable
or
Direction: _____ degrees true

Wind Speed

☐ Calm
☐ Light and Variable
or
Speed: _____ kts

Wind Gusts

☐ Not Gusting
or
Speed: _____ kts

Visibility

_____ miles
RVR: _____ feet
RVV: _____ miles
Destiny Altitude: _____ ft.

Type of Precipitation *(Check all that apply)*

■ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility *(Check all that apply)*

■ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount	Type
● None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Intensity of Precipitation

○ Light
○ Moderate
○ Heavy
● N/A
○ Unknown

Icing Actual

Amount	Type
● None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Turbulence *(Check all that apply)*

Type	Severity
■ None	☐ Light
☐ Clean Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

None

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

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

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

Left wing - From hitting tree branches & dragging on bank
Right wing - From dragging on road
Prop - Prop strike on bank & tree
Farmers Fence - Took out 70 yards of fence once I hit the tree

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.

Took off from K75 towards my field approx. 12 miles Southwest of airport. I dove in the fied and as I was making my first turn the plane felt like it needed more power so I added power & made my second pass. As I started my 2nd turn the plane got super sluggish so I pulled out of the turn added power and started scanning gauges. Torque, [redacted] N_g, & Prop RPM were all through red line, ITT was hotter than usual but not over red line. As I tried to manipulate the controls, I saw no response on gauges and no change in sound from engine or prop. I headed towards K75, but only made it a mile before the plane could no longer hold altitude. I dumped my load & landed on a county road successfully, until on roll out my left wing clipped an overhanging tree branch & spun me into the ditch. This is when the right wing drug on the road & my prop struck the bank and another tree.

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

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a 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)

120 Gallons

Fuel Type

○ 100 Low Lead ◉ Jet A ○ Unleaded AV

○ Automotive ○ Jet A-1 ○ Other, specify _____

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 (Additional space for answers to any question.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
I understand that the information provided may be subject to public release.

Date of this report:	Name of Pilot/Operator: Garrett Handley
11/08/2024 *mm/dd/yyyy*	Signature: [redacted]
	-or- ☐ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: _____ **Title:** _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
CEN24LA193	Central Region / AS-CEN	Andrew Finne	11/08/2024