

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: <u>Ozark</u> State: <u>MO</u> ZIP: <u>65721</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>12/15/2024</u> Local Time: <u>11:20</u> mm/dd/yyyy HH:MM Time Zone: <u>CST</u> Collision with Other Aircraft: Midair On-ground <u>None</u>
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AIRCRAFT INFORMATION

Registration Number: <u>556CF</u> Manufacturer: <u>Capella</u> Model: <u>FW450</u> Serial Number: <u>001</u> Year of Manufacture: _____ Amateur-Built: <u>Yes</u> If Yes: Original Design <u>No</u> Kit/Plans Make: _____	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>650</u> lbs. Weight at Time of Accident/Incident: _____ lbs. Number of Seats: <u>1</u> Flight Crew Seats: <u>0</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>		
Category of Aircraft (Select one) <u>Airplane</u> 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 <u>Experimental</u> <u>Special Light-Sport</u> <u>Experimental Light-Sport</u> Certificate of Authorization or Waiver (COA) None Unknown	Landing Gear (Check all that apply) <u>Retractable</u> <u>Tricycle</u> High Skid Skid Tailwheel Ski/Wheel Emergency Float Hull Float Ski Amphibian Other Launch/Recovery System None Unknown	Engine Type (Select one) <u>Reciprocating</u> Liquid Rocket Turbo Shaft Solid Rocket Turbo Prop Hybrid Rocket Turbo Jet None Turbo Fan Unknown Electric Fuel System Type (Reciprocating) <u>Carburetor</u> 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)	Overhaul (hours)
Eng. 1	<u>Rotax</u>	<u>503 ULDCDI</u>	<u>4154254</u>	<u>67-08-148</u>	<u>52 hp</u>	<u>222</u>	<u>222</u>	<u>222</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour AAIP <u>Annual</u> Continuous Airworthiness Condition Inspection Unknown Date of Last Inspection: <u>07/10/2024</u> mm/dd/yyyy Airframe Total Time: <u>222</u> hrs Hours measured at (Select one) Last Inspection <u>Time of Accident/Incident</u>	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, Number of Axes: _____ Model: _____ ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Wire Strike Detection ☐ Wire Strike Protection ☐ Other, Specify: _____	ELT Installed: Yes <u>No</u> 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 <u>Ground Adjustable</u> Manufacturer: <u>GSC</u> Model: <u>3 Blade 64"</u> Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
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OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Chris Fellers
City: Ozark State: MO
ZIP: 65721 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☒ *The Operator is also the Registered Owner*

☐ *Same address as Registered Owner*

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

Doing Business As: _____

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 129	FAR 415
FAR 103	FAR 133	FAR 431
FAR 121	FAR 135	FAR 435
FAR 125	FAR 137	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
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Passenger
Cargo
Mail Contract Only

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

Aerial Application	Firefighting
Aerial Observation	Flight Test
Air Drop	Glider Tow
Air Race/Show	Instructional
Banner Tow	Other Work Use
Business	Personal
Executive/Corporate	Positioning
External Load	Skydiving
Ferry	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: Gimlin Airfield
 Airport Identifier: 18Mo
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: 1376 ft. MSL

Runway Information

Runway ID: 18/40 Length: 3005 ft. Width: 40 ft.

Runway/Landing Surface (Check all that apply)

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

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

None	Stop and Go
Traffic Pattern	Touch and Go
Straight-In	Simulated Forced Landing
Valley/Terrain Following	Forced Landing
Go Around	Precautionary Landing
Full Stop	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: Chris Fetter

Middle Initial: J

Last Name: Fetter

Age at time of Accident/Incident:

City of Residence: Ozark

State: MO ZIP: 65721

Country: USA

Date of Birth: (mm/dd/yyyy)

Certificate No:

Degree of Injury None ☐ Serious ☐ Unknown ☐ Fatal ☐ <u>Minor</u>	Seat Occupied Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single ☐	Restraint Type Available None ☐ Lap only ☐ 3-point ☐ <u>4-point</u> ☒ 5-point ☐ Unknown ☐ Used None ☐ Lap only ☐ 3-point ☐ <u>4-point</u> ☒ 5-point ☐ Unknown ☐	Inflatable Restraints <u>Not Installed</u> ☒ 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		Supplemental Restraint, specify:	
Principal Occupation <u>Pilot</u> ☒ Other ☐ Unknown ☐	Medical Certificate <u>None</u> ☒ Class 3 ☐ Unknown ☐ <u>Class 1</u> ☐ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot only) ☐	Medical Certificate Validity <u>Without limitations/waivers</u> ☒ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance ☐	Date of Last Medical <u>08/01/2024</u> mm/dd/yyyy
Medical Certificate Limitations <u>None</u>		Medical Certificate Special Limitations <u>None</u>	

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: 05/06/2023
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: C-172N

Airplane Rating(s) (Check all that apply) <u>Single-Engine Land</u> ☒ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea ☐	Other Aircraft Rating(s) (Check all that apply) <u>None</u> ☒ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐	Instrument Rating(s) (Check all that apply) <u>None</u> ☒ Airplane ☐ Helicopter ☐ Powered Lift ☐	Instructor Rating(s) (Check all that apply) <u>None</u> ☒ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport ☐
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Type Ratings and Applicable Logbook Endorsements

Single engine land PPL Checkride 5/6/23

Student Endorsements (Include dates)

Pre-Solo Knowledge / Training 3/4/23
Solo 3/8/23
Solo X-Country 3/20/23 3/15/23 Int'l 3/20/23
PPA test 6/20/19 4/12/23 4/23/23

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 Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	94.7	0	94.7	0	3.4	0	27.1	0	0	0	0	0
Pilot in Command (PIC)	12.8	0	12.8	0	3.4	0	27.1	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0	0	0
This Make/Model												
Last 90 Days	0	0	0	0	0	0	0	0	0	0	0	0
Last 30 Days	0	0	0	0	0	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0	0	0

"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		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				Supplemental Restraint, specify: _____		
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 _____ 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 Airplane Single-Engine Airplane Multiengine Gyroplane Powered lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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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 Rotorcraft	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			Seat Occupied		Injury
First Name: _____ City of Residence: _____			Left Rear Center Single		None
Middle Initial: _____ State: _____ Zip: _____			Right Unknown		Minor
Last Name: _____ Country: _____			Front		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 that apply)			Restraint Type		Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify:	
☐ Yes ☐ No					
Additional Crewmember Information			Seat Occupied		Injury
First Name: _____ City of Residence: _____			☐ Left ☐ Rear ☐ Center ☐ Single		☐ None
Middle Initial: _____ State: _____ Zip: _____			☐ Right ☐ Unknown		☐ Minor
Last Name: _____ Country: _____			☐ Front		☐ 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 that apply)			Restraint Type		Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?		Total Flight Time at the Time of this Accident/Incident: _____ hrs.		Supplemental Restraint, specify:	
☐ Yes ☐ No					
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)					
Number of Passengers <u> 0 </u>					
Passenger Information		Seat	Injury	Restraint Type	
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown	
Middle Initial: _____ State: _____ Zip: _____				☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Last Name: _____ Country: _____				Supplemental Restraint, specify:	
☐ 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: _____					

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, specify: _____	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, specify: _____	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, specify: _____	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: _____ City: _____ State: _____ Country: _____	Time: _____ HH:MM Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)					
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following	☐ Cruise	
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory	☐ Unknown / NA	
☒ None					
Airspace where the accident/incident occurred (Check all that apply)					
☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special		
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area		
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown		
☐ 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)			Weather Observation Facility		
☒ National Weather Service			Facility ID: _____		
☐ Flight Service Station			Observation Time: _____		
☐ TV/Radio			Time Zone: _____		
☐ Automated Report			Distance from Accident Site: _____ nm		
☒ Electronic Flight Bag-Application:			Direction from Accident Site: _____ degrees true		
☐ Company					
☐ Military					
☐ Internet					
☐ None					
☐ Unknown					
☐ On-Board Weather					
Basic Conditions		Lowest Cloud Condition	Light Condition		
☒ VMC		Height _____ ft. AGL	☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown		
☐ IMC			☒ Day ☐ Night ☐ Bright Night		
☐ Unknown					
Sky/Lowest Cloud Condition		Ceiling	Ceiling Height		
☒ Clear		☒ None (Clear)	_____ ft. AGL	Temperature: _____ (°C) or _____ (°F)	
☐ Thin Broken		☐ Broken		Dewpoint: _____ (°C) or _____ (°F)	
☐ Thin Overcast		☐ Overcast			
☐ Partial		☐ Obscured			
☐ Unknown		☐ Indefinite			
☐ Obscured		☐ Unknown			
☐ Scattered					
Altimeter Setting:	Wind Direction	Wind Speed	Wind Gusts	Visibility	
<u>29.92</u> (Hg), or _____ (mb)	☒ Variable or _____	☐ Calm	☐ Not Gusting	_____ miles	
<u>Testing</u>	<u>from S/E</u>	☒ Light and Variable	Speed: _____ kts	RVR: _____ feet	
	Direction: _____ degrees true	Speed: <u>4-5</u> kts		RVV: _____ miles	
				Density Altitude: _____ ft.	
Type of Precipitation (Check all that apply)				Restriction to Visibility (Check all that apply)	
☒ None				☒ None	
☐ Rain				☐ Fog	
☐ Drizzle				☐ Ground Fog	
☐ Ice Pellets				☐ Haze	
☐ Snow				☐ Blowing Snow	
☐ Snow Pellets				☐ Ice Fog	
☐ Hail				☐ Blowing Spray	
☐ Rain Showers				☐ Smoke	
☐ Freezing Rain				☐ Dust	
☐ Snow Shower				☐ Unknown	
☐ Ice Pellets Shower					
☐ Snow Grains					
☐ Freezing Drizzle					
☐ Ice Crystals					
Icing Forecast		Intensity of Precipitation	Icing Actual	Turbulence (Check all that apply)	
Amount	Type	☐ Light	Amount	Type	Type
☒ None	☐ N/A	☐ Moderate	☒ None	☐ N/A	☒ None
☐ Trace	☐ Rime	☐ Heavy	☐ Trace	☐ Rime	☐ Clean Air
☐ Light	☐ Clear	☐ N/A	☐ Light	☐ Clear	☐ Terrain-Induced
☐ Moderate	☐ Mixed	☐ Unknown	☐ Moderate	☐ Mixed	☐ Convective
☐ Severe	☐ Unknown		☐ Severe	☐ Unknown	Turbulence
☐ Unknown			☐ 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 ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

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

Right wing wrinkle on top. Front and starboard landing gear taken off, minor cracking in fiberglass cowl. Starboard and port wing tips dented underneath leading edge and small cracks in fiberglass wingtips.

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.

Aircraft took flight while performing high speed taxi's. Being unfamiliar and never having flown the aircraft, this was probably the 4th time I had done a runup or performed a taxi while awaiting the final Airworthiness certificate and my N-Number decal to arrive. The initial flight was then to be conducted by a more experienced pilot than myself.

I did a high speed back taxi down 18, made a 360 turn and proceeded to make another high speed back taxi down 36. Wind from the south east picked up underneath my left wing and immediately put me airborne around 35-40mph and pushed me right, which was directly into some trees, immediately gave it full throttle and just cleared the tree line, but having gone full throttle at such low airspeed, it exacerbated the right turn with the wind and I could not recover from tree height. It was all I could do to maintain clear of the nearby houses and fence to land in a clear area.

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

More forward and left stick into the wind would've definitely helped, but being such a light aircraft, I am not sure that would've solved the issue entirely.

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)

_____ 02 Gallons

Fuel Type

☐ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☒ Other, specify Mixed two stroke 50:1

Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:

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☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

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: <u>01/08/2025</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Chris Fottus</u> Signature: <u>[REDACTED]</u> -or- ☐ Check here to electronically sign this document
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If a person other than Pilot/Operator is filing this report

Name: _____ Signature: _____ -or- ☐ Check here to electronically sign this document	Title: _____
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FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN25LA062	Reviewed by NTSB AS Division CEN	Name of Investigator J.Brannen	Date Report Received 1/22/2025
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