

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		Accident/Incident Date/Time	
Nearest City/Place: <u>AR COLA</u>	State: <u>TX</u>	Date: <u>01/22/2025</u>	Local Time: <u>10.50 PM</u>
ZIP: <u>77583</u>	Country: <u>USA</u>	mm/dd/yyyy HH:MM	
Latitude: <u>25.51 N</u>	Longitude: <u>95.48 W</u>	Time Zone: <u>CST</u>	
(Enter in decimal degrees or degrees:minutes:seconds)		Collision with Other Aircraft: ☐ Midair ☒ On-ground ☐ None	

AIRCRAFT INFORMATION

Registration Number: <u>N 44BN</u>		☒ IFR-Equipped and Certified	
Manufacturer: <u>EPIC</u>		☐ Commercial Space Flight	
Model: <u>G 1000 EX</u>		☐ Unmanned Aircraft	
Serial Number: <u>10077</u>		Maximum Gross Weight: <u>8000</u> lbs.	
Year of Manufacture: <u>2024</u>		Weight at Time of Accident/Incident: <u>6000</u> lbs.	
Amateur-Built: ☐ Yes ☒ No		Number of Seats: <u>6</u>	
If Yes: ☐ Original Design ☐ Kit/Plans		Flight Crew Seats: <u>2</u>	
Make: _____		Cabin Crew Seats: <u>1</u>	
		Passenger Seats: <u>4</u>	
		Number of Engines: <u>1</u>	

Category of Aircraft (Select one)	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)
☒ Airplane	Standard	☒ Retractable	☐ Reciprocating
☐ Balloon	☒ Normal	☐ Tricycle	☐ Turbo Shaft
☐ Blimp/Dirigible	☐ Aerobatic	☐ Tailwheel	☒ Turbo Prop
☐ Glider	☐ Balloon	☐ Emergency Float	☐ Turbo Jet
☐ Gyroplane	☐ Commuter	☐ Float	☐ Turbo Fan
☐ Helicopter	☐ Transport	☐ Amphibian	☐ Electric
☐ Powered Lift	☐ Utility	☐ Other Launch/Recovery System	
☐ Rocket		☐ None	
☐ Ultralight		☐ High Skid	
☐ Unknown		☐ Skid	
		☐ Ski/Wheel	
		☐ Hull	
		☐ Ski	
		☐ 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)	Overhaul (hours)
Eng. 1	PRATT & WHITNEY	PT6	PCE-RT0518	09/26/2009	1200	40		
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☐ 100-Hour ☐ AAIP ☐ Annual ☐ Continuous Airworthiness ☐ Condition Inspection ☒ Unknown Date of Last Inspection: _____ mm/dd/yyyy Airframe Total Time: <u>40</u> hrs Hours measured at (Select one) ☐ Last Inspection ☒ Time of Accident/Incident	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: _____
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: <u>PORTABLE SYSTEM</u>	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: _____ Model or Part No.: <u>ZDC74A90D4FFB4F</u> 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: <u>HARTZELL</u> Model: <u>H-C-ES-A-3A</u> Propeller 2 ☐ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: HES LEASING LLC
 City: [REDACTED] State: CA
 ZIP: 92130 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☐ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: MARIO SCOLARI
 City: [REDACTED] State: CA
 ZIP: 92130 Country: USA

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 ☐ Domestic
☐ Non-Scheduled or Air Taxi ☐ International
☐ Passenger
☐ Cargo
☐ Mail Contract Only

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

- ☐ Aerial Application ☐ Firefighting
☐ 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: HOUSTON SOUTHWEST
 Airport Identifier: KAXH
 Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 0 sm.
 Direction From Airport: 0 degrees true
 Airport Elevation: 69' ft. MSL

Runway Information

Runway ID: 27 Length: 5002 ft. Width: 100 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 ☐ Unknown
☐ Slush-Covered ☐ Vegetation

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

- ☐ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ 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
☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT 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: MADIS

City of Residence: SAN DIEGO

Middle Initial: I

State: CA ZIP: 92130

Last Name: SCOLARI

Country: USA

Age at time of Accident/Incident: 55

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 <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☒ 5-point</td> <td>☒ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		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	
Available	Used																				
☐ None	☐ None																				
☐ Lap only	☐ Lap only																				
☐ 3-point	☐ 3-point																				
☐ 4-point	☐ 4-point																				
☒ 5-point	☒ 5-point																				
☐ Unknown	☐ 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 <u>02/27/2024</u> mm/dd/yyyy															
Medical Certificate Limitations <u>NONE</u>				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: 12/6/24
mm/dd/yyyy

Flight Review Aircraft

Make: EPIC G 1000 EX
Model: G 1000 EX

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

HIGH PERFORMANCE
TURBO PROP
RVS

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	2452	22	722	N/A		112		N/A	1730	N/A	N/A	N/A
Pilot in Command (PIC)	2452	22	722			112			1730			
Time as Instructor												
This Make/Model												
Last 90 Days	72	1	72		26	88						
Last 30 Days	35	15	35		15	26						
Last 24 Hours	4	4	4		4	4						

"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: N/A

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 <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		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
Available	Used																			
☐ None	☐ None																			
☐ Lap only	☐ Lap only																			
☐ 3-point	☐ 3-point																			
☐ 4-point	☐ 4-point																			
☐ 5-point	☐ 5-point																			
☐ Unknown	☐ 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																
Medical Certificate Limitations _____				Medical Certificate Special Limitations _____																
Date of Last Medical _____ mm/dd/yyyy																				

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
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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: <u>N/A</u>	City of Residence: _____	☐ Left ☐ Center ☐ Right ☐ Front	☐ Rear ☐ Single ☐ Unknown ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		

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: _____			
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Pilot Certificate(s) (Check all that apply)		Restraint Type	Inflatable Restraints
☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.	
		Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown
		Supplemental Restraint, specify: _____	

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Center ☐ Right ☐ Front	☐ Rear ☐ Single ☐ Unknown ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		

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: _____			
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Pilot Certificate(s) (Check all that apply)		Restraint Type	Inflatable Restraints
☐ None ☐ Private ☐ Student	☐ Flight Instructor ☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport ☐ Flight Engineer	☐ US Military ☐ Foreign
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.	
		Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown
		Supplemental Restraint, specify: _____	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)

Number of Passengers <u>0</u>	Seat	Injury	Restraint Type	Inflatable Restraints	Age
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Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ 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: _____
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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 Airport ID: <u>KCRP</u> City: <u>CARLSBAD</u> State: <u>CA</u> Country: <u>USA</u>	Time of Departure Time: <u>4:50 PM</u> HH:MM Time Zone: <u>PST</u>	Flight Information Flight Number: <u>N/A</u> Operating as Flight _____	Destination Airport ID: <u>KAXH</u> City: <u>ARCOLA</u> State: <u>TEXA</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☒ IFR ☐ Unknown Activated? ☒ Yes ☐ No ☐ Unknown
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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)

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

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

Basic Conditions

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud ConditionHeight clear

_____ ft. AGL

Light Condition

- ☐ Dawn ☐ Dusk ☒ Dark Night ☐ Unknown
☐ Day ☒ Night

Sky/Lowest Cloud Condition

- ☒ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial ☐ Unknown
☐ Obscuration
☐ Scattered

Ceiling

- ☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

_____ ft. AGL

Temperature: 30 (°C) or _____ (°F)Dewpoint: N/A (°C) or _____ (°F)**Altimeter Setting:**unknown (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

10+ miles
 RVR: _____ feet
 RVV: _____ miles
 Density 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**
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
☐ Unknown
Type
☐ N/A
☐ Rime
☐ Clear
☐ Mixed
☐ Unknown

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Icing Actual

- Amount**
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
☐ Unknown
Type
☐ N/A
☐ Rime
☐ Clear
☐ Mixed
☐ Unknown

Turbulence (Check all that apply)

- Type**
☒ None
☐ Clean Air
☐ Terrain-Induced
☐ Convective
 Turbulence
Severity
☐ Light
☐ Moderate
☐ Severe
☐ 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**

- ☐ None
☒ Minor
☐ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

PROPELLER BROKEN
 LIGHT DAMAGE TO FUSLS
 2 REMOVABLE PANEL IN FUSE BOTTOM DAMAGED
 3 FT BOTTOM OF FUSE SCRAPPED
 KEEL BROKEN / LIGHT SCUFF TO DOOR

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.

PRIOR TO ACCIDENT I WORKED ALL DAY. WEATHER WAS GOOD WITH HIGH CLOUDS AT FL330 ALONG THE WAY. APPROACH IN HOUSTON WAS CLEAR BUT A DARK NIGHT. VISIBILITY WAS EXCELLENT 10+ MILES.
 I DECIDED TO USE VISUAL APPROACH TO RWY 27.
 ON LEFT DOWNWIND I DEPLOYED ONE NOTCH OF FUSLS AND THOUGHT I DEPLOYED LG AS WELL.
 I DON'T REMEMBER SEEING 3 GREEN LIGHTS. HOWEVER, NO GEAR WARNINGS WERE GIVEN BY SYSTEM.
 TURNED LEFT BASE AND WAS A BIT HIGH. SPEED WAS GOOD. SECOND NOTCH OF FUSLS WERE APPLIED.
 TURNED 2 MILE FINAL. FLEW OVER THE NUMBERS AT 95 KTS. NO WARNINGS WERE GIVEN BY SYSTEM THAT THE LANDING GEAR WAS UP.

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

- * DOUBLE CHECK 3 GREEN LIGHTS
- * USE RNAV INSTEAD OF VISUAL APPROACH.
- * FLY WITH OTHER PERSON

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

40 Hours

Cycles

Time Since This Part Inspected/Overhauled

Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

270 Gallons

Fuel Type

☐ 100 Low Lead☐ Automotive☐ Jet A☒ Jet A-1☐ Unleaded AV☐ 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:

OPEN REGULAR DOOR AND EXITED W/ NO ISSUES

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☐ Substantial☐ Minor☐ 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.)N/A

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:

02/09/2024

mm/dd/yyyy

Name of Pilot/Operator

Signature:

-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.
CEN25LA087

Reviewed by NTSB AS Division
AS-CEN

Name of Investigator
Bradley Miller

Date Report Received
February 10, 2025