

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: USAF, Colorado Springs State: COZIP: 80840 Country: USALatitude: 38-58-11.05N Longitude: 104-49-00.72W

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

Accident/Incident Date/TimeDate: 01/27/2025 Local Time: 0905
mm/dd/yyyyTime Zone: MTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N51387Manufacturer: CessnaModel: C-172SPSerial Number: 172S9013Year of Manufacture: 2001Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

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

Maximum Gross Weight: 2550 lbs.Weight at Time of Accident/Incident: 2400 lbs.Number of Seats: Two Flight Crew Seats: TwoCabin Crew Seats: Zero Passenger Seats: ZeroNumber of Engines: One**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**

- ☒
- 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
- ☐
- High Skid
-
- ☒
- Tricycle
- ☐
- Skid
-
- ☐
- Tailwheel
- ☐
- Ski/Wheel
-
- ☐
- Emergency Float
- ☐
- Hull
-
- ☐
- Float
- ☐
- Ski
-
- ☐
- Amphibian
-
- ☐
- 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	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>Lycoming</u>	<u>IO-360-L2A</u>	<u>L-30129-51A</u>	<u>11/05/2001</u>	<u>180</u>	<u>1709.0</u>	<u>239.3</u>	<u>1709.0</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☒
- 100-Hour
-
- ☐
- AAIP
-
- ☐
- Annual
-
- ☐
- Continuous Airworthiness
-
- ☐
- Condition Inspection
-
- ☐
- Unknown

Date of Last Inspection: 11/27/2024
mm/dd/yyyyAirframe Total Time: 1655.5 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: PointerModel or Part No.: 3000-11 (AF)TSO No.: ☐ C91 (121.5 MHz) ☒ C91a (121.5 MHz)
☐ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☐ Yes ☒ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☒ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ UnknownPropeller 1 ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground AdjustableManufacturer: MCCauleyModel: 1A170E/JHA7660Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: USAFA Flight Training Center

Fractional Ownership Aircraft:

☐ Yes☒ NoCity: USAFA, Colorado SpringsState: COZIP: 80840Country: USA**Operator of Aircraft**☒ The Operator is also the Registered Owner☐ Same address as Registered Owner

Name: _____

Doing Business As: _____

City: _____

State: _____

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

ZIP: _____

Country: _____

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: Davis AirfieldDistance From Airport Center: NA sm.Airport Identifier: KAFF

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 6535 ft. MSL**Runway Information**Runway ID: 34R Length: 3500 ft. Width: 75 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 ☐ Crosswind ☐ Aborted Landing (after touchdown)
☐ 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 Simulated
☐ Valley/Terrain Following ☐ Forced Landing Forced
☐ Go Around ☐ Landing Precautionary
☒ Full Stop ☐ 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: Lindsay

City of Residence: Colorado Springs

Middle Initial: R

State: CO ZIP: 80909

Last Name: Felker

Country: USA

Age at time of Accident/Incident: 30

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**

☐ None
☐ Lap only
☐ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used

☐ None
☐ Lap only
☒ 3-point
☐ 4-point
☐ 5-point
☐ 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

07/30/2024
 mm/dd/yyyy

Medical Certificate Limitations

Must use corrective lenses to meet vision standards at all required distances.

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:

08/23/2024
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: C172S

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

NA

Student Endorsements (Include dates)

NA

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	1,636	1,500	1,606	30	135	8	81				30	
Pilot in Command (PIC)	1,508	1,483	1,492	16	130	8	81				16	
Time as Instructor	1,230	1,230	1,230	0	110	8	0				0	
This Make/Model					128	8	81					
Last 90 Days	100	96	100	0	2	0	0				0	
Last 30 Days	15	11	15	0	0	0	0				0	
Last 24 Hours	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: David

City of Residence: Colorado Springs

Middle Initial: A

State: CO ZIP: 80908

Last Name: Rogers

Country: USA

Age at time of Accident/Incident: 71

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**

☐ None
☐ Lap only
☒ 3-point
☐ 4-point
☐ 5-point
☐ Unknown

Used

☐ None
☐ Lap only
☒ 3-point
☐ 4-point
☐ 5-point
☐ 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

01/16/2024
 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:

09/17/2024
 mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: C172S

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

T28C (Jan 1976)
 T2C (May 1976)
 TA4B (Oct 1976)
 A6E (May 1977)
 DC-9 (Jun 1981)

T34C (Jun 1983)
 FA18CD (Jun 1994)
 UC12B (Sep 1998)
 F5F (Oct 2001)
 FA18EF (2004)

Student Endorsements (Include dates)

NA

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	12,046	142	5,444	6,602	3,448	3,906	1,126				6,602	
Pilot in Command (PIC)	7,423	138	3,321	3,961	2,956	3,605	1,024				3,961	
Time as Instructor	7,124	138	4,406	2,580	1,956	1,874	1,016				2,580	
This Make/Model												
Last 90 Days	61	15	61	0	0	0	5				0	
Last 30 Days	15	6	15	0	0	0	3				0	
Last 24 Hours	0	0	0	0	0	0	0				0	

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)

Additional Crewmember Information		Seat Occupied	Injury
First Name: <u>NA</u>	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ 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: _____			
Pilot Certificate(s) (Check all that 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		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ 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: _____			
Pilot Certificate(s) (Check all that 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 <u>Zero</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
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 Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown ☐ Supplemental. Restraint type: _____	☐ 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
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FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>KAFF</u> City: <u>USAFA</u> State: <u>Co</u> Country: <u>USA</u>	Time: <u>08005</u> Time Zone: <u>MT</u>	Flight Number: <u>N51387</u> Operating as Flight <u>Rally 13</u>	Airport ID: <u>KAFF</u> City: <u>USAFA</u> State: <u>CO</u> Country: <u>USA</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply) ☒ None			
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following
☐ VFR	☐ IFR	☐ VFR On Top	☐ Traffic Advisory
☐ Cruise			
☐ Unknown / NA			

Type of ATC Clearance/Service (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	Altitude of In-Flight Occurrence: 6535 ft. MSL
☒ Class E	☐ Restricted Area	☐ FAR 93	

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Electronic Flight Bag-Application:		☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	Weather Observation Facility Facility ID: <u>KAFF</u> Observation Time: <u>0900</u> Time Zone: <u>M1</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true
☒ On-Board Weather			

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>NA</u> ft. AGL	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright 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 <u>NA</u> ft. AGL	Temperature: <u>-6</u> (°C) or <u>20</u> (°F) Dewpoint: <u>-16</u> (°C) or <u>3</u> (°F)

Altimeter Setting: <u>30.10</u> Hg or _____ mb	Wind Direction ☐ Variable Direction: <u>060</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>10</u> or _____ kts	Wind Gusts ☐ Not Gusting or Speed: <u>15</u> kts	Visibility <u>6+</u> miles RVR: _____ feet RVV: _____ miles Destiny Altitude: <u>6558</u> ft.
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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
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Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>☒ None</td> <td>☐ N/A</td> </tr> <tr> <td>☐ Trace</td> <td>☐ Rime</td> </tr> <tr> <td>☐ Light</td> <td>☐ Clear</td> </tr> <tr> <td>☐ Moderate</td> <td>☐ Mixed</td> </tr> <tr> <td>☐ Severe</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Unknown</td> <td></td> </tr> </table>	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 <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>☒ None</td> <td>☐ N/A</td> </tr> <tr> <td>☐ Trace</td> <td>☐ Rime</td> </tr> <tr> <td>☐ Light</td> <td>☐ Clear</td> </tr> <tr> <td>☐ Moderate</td> <td>☐ Mixed</td> </tr> <tr> <td>☐ Severe</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Unknown</td> <td></td> </tr> </table>	Amount	Type	☒ None	☐ N/A	☐ Trace	☐ Rime	☐ Light	☐ Clear	☐ Moderate	☐ Mixed	☐ Severe	☐ Unknown	☐ Unknown		Turbulence (Check all that apply) <table style="width:100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td>☐ None</td> <td>☐ Light</td> </tr> <tr> <td>☐ Clean Air</td> <td>☐ Moderate</td> </tr> <tr> <td>☐ Terrain-Induced</td> <td>☒ Severe</td> </tr> <tr> <td>☐ Convective</td> <td>☐ Extreme</td> </tr> </table>	Type	Severity	☐ None	☐ Light	☐ Clean Air	☐ Moderate	☐ Terrain-Induced	☒ Severe	☐ Convective	☐ Extreme
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

PIREP: Severe Turbulence above 9000' MSL reported at 0815MT.
 In addition to the METAR/TAF/ATIS info referenced above, KAFF METAR also referenced "Rotor Conditions"

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.)*

Structural disturbance (buckling) of aircraft firewall.

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.

- Flight Briefed as IP Check-ride for Certification as USAFA FTC IP. North Departure to Training Area B for Area Maneuvers with North arrival for 3 patterns at KAFF. Planned duration 1.3.
- Normal Start, Taxi, Run-Up and Takeoff on Runway 34R at KAFF. Takeoff Time 0805MT. Winds 060/8
- Normal North Departure. Climb to 9K in Training Area B. Once at altitude (8500'), consistent winds out of the NW at 25-30 kts but no turbulence. Conducted Area Maneuvers per brief for 20 minutes.
- Eagle Traffic reported Severe Turbulence PIREP above 9K at approx 0840. Decision made to RTB at 8500'. Executed North arrival.
- Set-up for overhead pattern entry to Rwy 34R for full stop. Pattern winds out of the NW at 27 kts observed visually and with GPS.
- Normal pattern and approach set-up evolved to a high position on final. PF corrected with early application of Flaps to 30 degrees and power reduction. Airspeed 65 Knots.
- Approximately 150' AGL experienced significant sink rate and 10 knots loss of airspeed. Subsequent addition of power was not enough to arrest a significant rate of descent. Airplane landed hard on the main gear, bounced 3-4 feet in the air and settled on the three gear to a full stop. No blown tires. No sideslip. Windssock winds indicated 060/10 knots.
- KAFF Tower reported that "it looked like we came down hard and may have had a tailstrike." I took the radio and told them it appeared to be a significant windshear in close with loss of approximately 10 knots of airspeed.
- Postflight inspection revealed a missing tail tiedown fitting but no other visible damage. Discussed with Club Manager the need for a detailed airframe inspection given the hard landing before the aircraft should fly again. That inspection revealed some damage to the firewall (buckling). No other damage.

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

Not much to add. Tricky situation in close with no reports of previous windshear, although reports of Turbulence at higher altitudes. Kind of a "set-up" given the high on glideslope situation. Maybe more awareness of the situation on final could have resulted in a go around decision.

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)

45 Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify _____

Other Services, if any, prior to departure:

None

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:

NA

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: _____

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.)

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report: <u>02/03/2025</u> <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Lindsay Felker</u> Signature: _____ -or- ☒ Check here to electronically sign this document
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If a person other than Pilot/Operator is filing this report

Name: <u>David Rogers</u> Signature: _____ -or- ☒ Check here to electronically sign this document	Title: <u>USAFA Chief IP</u>
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FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN25LA088	Reviewed by NTSB AS Division CEN	Name of Investigator BRIAN RUTT	Date Report Received 2/3/2025
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