

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: San Antonio State: TX
 ZIP: 78216 Country: US
 Latitude: N 29 32.0 Longitude: W 098 28.1
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 03/04/2025 Local Time: 13:37
mm/dd/yyyy HH:MM
 Time Zone: Centr

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N524HJ

Manufacturer: Honda

Model: HA 420

Serial Number: 42000077

Year of Manufacture: 2,017

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans Make: _____

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 10,700 lbs.

Weight at Time of Accident/Incident: _____ lbs.

Number of Seats: 7 Flight Crew Seats: 22

Cabin Crew Seats: _____ Passenger Seats: 5

Number of Engines: 2

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 ☐ Unknown
☐ Other Launch/Recovery System
☐ None

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. <i>(mm/dd/yyyy)</i>	Rated Power ☐ Horsepower or ☒ Lbs. of Thrust	Total Time <i>(hours)</i>	Inspection <i>(hours)</i>	Time Since: Overhaul <i>(hours)</i>
Eng. 1	GE Honda	HF 120 CMM R28	883269	01/06/2017	2,037	1,167	567	
Eng. 2	GE Honda	HF 120 CMM R28	883270	01/03/2017	2,037	1,191	567	
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 09/29/2021

mm/dd/yyyy

Airframe Total Time: 1,167.3 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 GMC 715
☒ 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 ☐ No If Yes:

ELT Manufacturer: Integra

Model or Part No.: AF

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: _____

Model: _____

Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>ASHY M LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>San Antonio</u> State: <u>TX</u> ZIP: <u>78209</u> Country: <u>USA</u>			
Operator of Aircraft ☐ The Operator is also the Registered Owner ☐ Same address as Registered Owner Name: <u>North American Air Charter</u> Doing Business As: _____ City: <u>Leesburg</u> State: <u>VA</u> Air Carrier/Operator Designator (4-character code): <u>YNOA</u> ZIP: <u>20176</u> Country: <u>USA</u>			
Operating Certificates Held <i>(Check all that apply)</i> ☐ 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 <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☒ Non-Scheduled or Air Taxi ☒ Passenger ☐ Cargo ☐ Mail Contract Only ☐ Domestic ☐ International	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>San Antonio International</u> Airport Identifier: <u>KSAT</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ sm. Direction From Airport: _____ degrees true Airport Elevation: <u>809.00</u> ft. MSL	
Runway Information Runway ID: <u>31L</u> Length: <u>8,502</u> ft. Width: <u>150</u> ft.		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☒ Concrete ☐ Dirt ☐ Elevated Heliport ☐ Grass/Turf ☐ Gravel ☐ Helideck ☐ Helistop ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Off-site landing area ☐ Snow ☐ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ 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 <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☐ 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" IdentificationFirst Name: AndrewCity of Residence: San AntonioMiddle Initial: JState: TXZIP: 78259Last Name: LofdahlCountry: USAAge at time of Accident/Incident: 60Date of Birth: [REDACTED] (mm/dd/yyyy)Certificate: [REDACTED]**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
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
10/23/2024
 mm/dd/yyyy
Medical Certificate Limitations

Must use corrective lens(es) 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:
02/15/2025
 mm/dd/yyyy
Flight Review Aircraft
 Make: Honda
 Model: HA 420
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

B-737, BE-300, BH-14ST, HA-420, HS-125

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	14,051	86	116	4,402	1,642	1,385		9,538			7,944	
Pilot in Command (PIC)	11,195	86	100	3,004								
Time as Instructor												
This Make/Model												
Last 90 Days		37										
Last 30 Days		14										
Last 24 Hours		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: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: _____						City of Residence: _____ State: _____ ZIP: _____ Country: _____ 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 style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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> Supplemental Restraint, specify: _____				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																																																																																															
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Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Unknown ☐ Class 1 ☐ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot Only)				Medical Certificate Limitations																																																																																																															
Medical Certificate Special Limitations						Medical Certificate Special Limitations																																																																																																															
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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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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 ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		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.		Supplemental Restraint, specify: _____		
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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		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.		Supplemental Restraint, specify: _____		
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)						
Number of Passengers _____						
Passenger Information		Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____		☐ 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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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: _____						

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>KEDC</u> City: <u>Austin</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>18:00</u> HH:MM Time Zone: <u>GMT</u>	Flight Information Flight Number: <u>N524HJ</u> Operating as Flight _____	Destination Airport ID: <u>KSAT</u> City: <u>San Antonio</u> State: <u>TX</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)			Weather Observation Facility		
☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☒ Electronic Flight Bag-Application: fore flight ☐ On-Board Weather			Facility ID: <u>KSAT</u> Observation Time: <u>1651</u> Time Zone: <u>Z</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true		
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Lowest Cloud Condition Height <u>CLR</u> ft. AGL		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial ☐ Obscuration ☐ Scattered		Ceiling ☐ Thin Broken ☐ Thin Overcast ☐ Unknown ☐ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown		Ceiling Height _____ ft. AGL	
Temperature: <u>22.00</u> (°C) or _____ (°F)		Dewpoint: <u>-4.00</u> (°C) or _____ (°F)			
Altimeter Setting: <u>29.69</u> (Hg), or _____ (mb)		Wind Direction ☐ Variable or Direction: <u>290.00</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>28.0</u> kts	
Wind Gusts ☐ Not Gusting or Speed: <u>38.0</u> kts		Visibility <u>10.0</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft.			
Type of Precipitation (Check all that apply)					Restriction to Visibility (Check all that apply)
☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle					☒ None ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ 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:					
Airmet winds					

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

Damage to wings, landing gear, and FOD ingestion to engines.

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.

After delivering passengers to K the aircraft was refueled and weather checked.

Although the winds were high and the forecast was for a crosswind I thought I would be able to complete the short flight to SAT before the winds changed.

Unfortunately the winds changed and were very borderline when I arrived at San Antonio. Thinking I should get the aircraft on the ground before the winds got worse I landed. The airplane was landed successfully but then was hit by several particularly high cross wind gusts.

The aircraft became uncontrollable and did a 360 degree turn on the runway and was headed off the left side of the runway before any control was regained.

The aircraft traveled across the grass and came out on the west taxiway. The aircraft was parked into the wind out of the way and then shut down.

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

The flight was released by a managment pilot who was flying the flight. The release should have been by someone else.

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.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> Total Time/ Cycles On Part _____ Hours _____ Cycles </td> </tr> <tr> <td style="padding: 5px;"> Time Since This Part Inspected/Overhauled _____ Hours </td> </tr> </table>		Total Time/ Cycles On Part _____ Hours _____ Cycles	Time Since This Part Inspected/Overhauled _____ Hours	
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) <u>298.0</u> Gallons	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> Fuel Type ☐ 100 Low Lead ☐ Automotive </td> <td style="width: 30%; padding: 5px;"> ☒ Jet A ☐ Jet A-1 </td> <td style="width: 40%; padding: 5px;"> ☐ Unleaded AV ☐ Other, specify _____ </td> </tr> </table>		Fuel Type ☐ 100 Low Lead ☐ Automotive	☒ Jet A ☐ Jet A-1	☐ Unleaded AV ☐ Other, specify _____
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:					
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> 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: <u>05/07/2025</u> mm/dd/yyyy	Name of Pilot/Operator: <u>Andrew Lofdahl</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: _____ Signature: _____ -or- ☐ Check here to electronically sign this document	Title: _____
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FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN25LA109	Reviewed by NTSB AS Division AS-CEN	Name of Investigator J.Brannen	Date Report Received 5/7/2025
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