

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: Greenville State: MS
ZIP: 38701 Country: US
Latitude: 33.33 Longitude: 90.98
(Enter in decimal degrees or
degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 2025-02-18 Local Time: 16:30
mm/dd/yyyy
Time Zone: America/Chicago

Collision with Other

☐ Midair

Aircraft:

☐ On-ground☒ None

AIRCRAFT INFORMATION

Registration Number: N7486SManufacturer: CessnaModel: 150jSerial Number: 15070358Year of Manufacture: 1969Amateur-Built: ☐ Yes *If yes:* ☐ Original Design☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 1600 lbsWeight at Time of Accident/Incident: lbsNumber of Seats: 2

Flight Crew Seats:

Cabin Crew Seats:

Passenger Seats:

Number of Engines: 1☒ No ☐ Kit/Plans Make:

Category of Aircraft (Select one)	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)																																																
• Airplane ○ Balloon ○ Blimp/Dirigible ○ Glider ○ Gyroplane ○ Helicopter ○ Powered Lift ○ Rocket ○ Ultralight ○ Unknown	<table><thead><tr><th>Standard</th><th>Special</th></tr></thead><tbody><tr><td>☐ Normal</td><td>☐ Restricted</td></tr><tr><td>☐ Aerobatic</td><td>☐ Limited</td></tr><tr><td>☐ Balloon</td><td>☐ Provisional</td></tr><tr><td>☐ Commuter</td><td>☐ Special Flight</td></tr><tr><td>☐ Transport</td><td>☐ Experimental</td></tr><tr><td>☒ Utility</td><td>☐ Special Light-Sport</td></tr><tr><td></td><td>☐ Experimental Light-Sport</td></tr><tr><td>☐ Certificate of Waiver or Authorization (COA)</td><td></td></tr><tr><td>☐ None</td><td>☐ Unknown</td></tr></tbody></table>	Standard	Special	☐ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☒ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	☐ Certificate of Waiver or Authorization (COA)		☐ None	☐ Unknown	<table><tbody><tr><td>☐ Retractable</td><td>☐ High Skid</td></tr><tr><td>☒ Tricycle</td><td>☐ Skid</td></tr><tr><td>☐ Tailwheel</td><td>☐ Ski/Wheel</td></tr><tr><td>☐ Emergency Float</td><td>☐ Hull</td></tr><tr><td>☐ Float</td><td>☐ Ski</td></tr><tr><td>☐ Amphibian</td><td></td></tr><tr><td>☐ Other Launch/Recovery System</td><td></td></tr><tr><td>☐ None</td><td>☐ Unknown</td></tr></tbody></table>	☐ Retractable	☐ High Skid	☒ Tricycle	☐ Skid	☐ Tailwheel	☐ Ski/Wheel	☐ Emergency Float	☐ Hull	☐ Float	☐ Ski	☐ Amphibian		☐ Other Launch/Recovery System		☐ None	☐ Unknown	<table><tbody><tr><td>• Reciprocating</td><td>○ Liquid Rocket</td></tr><tr><td>○ Turbo Shaft</td><td>○ Solid Rocket</td></tr><tr><td>○ Turbo Prop</td><td>○ Hybrid Rocket</td></tr><tr><td>○ Turbo Jet</td><td>○ None</td></tr><tr><td>○ Turbo Fan</td><td>○ Unknown</td></tr><tr><td>○ Electric</td><td></td></tr></tbody></table> Fuel System Type (Reciprocating) • Carburetor ○ Fuel Injected	• Reciprocating	○ Liquid Rocket	○ Turbo Shaft	○ Solid Rocket	○ Turbo Prop	○ Hybrid Rocket	○ Turbo Jet	○ None	○ Turbo Fan	○ Unknown	○ Electric	
Standard	Special																																																		
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Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yy yy)	Rated Power ● or ○	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Continental	O-200-A	69793-8-A	2025-06-03	100		42.51	651.78
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type ☐ 100-Hour ☐ AAIP • Annual ☐ Continuous Airworthiness «Last_inspection_type_Condition_Inspectio» Condition Inspection ☐ Unknown Date of Last Inspection: (mm/dd/yyyy) <u>2024-05-07</u> Airframe Total Time: <u>4986</u> hours 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, Axis: Model: ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Wire Strike Detection ☐ Wire Strike Protection ☐ Other, Specify:
ELT Installed • Yes ○ No	Propeller 1

Type of Maintenance Program <i>(Select one)</i> ☐ 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:	<i>If yes:</i> ELT Manufacturer: <u>Largo electronic</u> Model or Part No.: <u>LELT-1005-AF</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 <i>If activated: Did ELT aid in locating aircraft?</i> ☐ Yes ☒ No <i>If not activated: Indicate Reason:</i> ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown	☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: <u>McCauley</u> Model: <u>1A101/DCM694</u> Propeller 2 ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable Manufacturer: Model:
OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Garage Doors of Greenville</u> State: <u>MS</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>Greenville</u> Country: <u>US</u> ZIP: <u>38701</u>		
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 <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 Waiver or Authorization (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 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only
Revenue Sightseeing Flight? ☐ Yes ☐ No	Air Medical Flight? ☐ Yes ☐ No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ 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
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport.)		
Airport Name: <u>Greenville MidDelta</u> Airport Identifier: <u>KGLH</u> Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance from Airport Center: <u>7 sm.</u> Direction from Airport: <u>degrees true</u> Airport Elevation: <u>131 ft. MSL</u>
Runway Information Runway ID: Length: <u>8001 ft.</u> Width: <u>150 ft.</u>		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-Glassy ☐ Water-Choppy ☐ 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)		

o Unknown

IFR Approach (Check all that apply)**VFR Approach** (Check all that apply)☐ None☐ None☐ ADF/NDB☐ PAR☐ MLS☐ Practice☐ Traffic pattern☐ Stop and Go☐ SDF☐ Sidestep☐ LDA☐ GPS☐ Straight-In☐ Touch and Go☐ VOR/TVOR☐ ILS☐ ASR☐ Unknown☐ Valley/Terrain Following☐ Simulated Forced Landing☒ VOR/DME☐ Localizer Only☐ Visual☐ Go Around☐ Forced landing☐ TACAN☐ LOC-back
course☐ Contact☐ Full Stop☐ Precautionary Landing☐ RNAV☐ Circling☐ Unknown**"FLIGHT CREWMEMBER 1" INFORMATION****"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

o Captain o First Officer o Pilot o Co-Pilot • Student Pilot o Flight Instructor o Check Pilot o Flight Engineer o Other Flight Crew

"Flight Crewmember 1" was pilot flying ☐ Yes ☒ No**"Flight Crewmember 1" Identification:**First Name: Morgan

City of Residence: Greenville

Middle Initial: M

State: MS

Zip: 38701

Last Name: Cotton

Country: US

Age at time of Accident/Incident: 21Date of Birth: [REDACTED] (mm/dd/yyyy)Certificate Number: [REDACTED]

Degree of Injury • None ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	Seat Occupied • Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td> ☐ None • Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> <td> ☐ None • Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown </td> </tr> </table> Supplemental. Restraint type: _____	Available	Used	☐ None • Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None • Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used						
☐ None • Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None • Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown						
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☒ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer							
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☒ Class 3 ☐ Unknown	Medical Certificate Validity • Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical 10-02-2024 _____ mm/dd/yyyy				
Medical Certificate Limitations		Medical Certificate Special Limitations					

Personal Flight Equipment (Check all that apply)☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective 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:** _____

Type Ratings and Applicable Logbook Endorsements	Student Endorsements <i>(Include dates)</i>
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[illegible]

"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: Timothy City of Residence:

Middle Initial: State: MS _ Zip:

Last Name: Hubbard Country: US

Age at time of Accident/Incident: _ Date of Birth: (mm/dd/yyyy)

Certificate Number:

Degree of Injury	Seat Occupied	Restraint Type	Inflatable Restraints
● None ○ Unknown ○ Minor ○ Serious ○ Fatal	○ Left ○ Front ○ Unknown ● Right ○ Rear ○ Center ○ Single	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
Pilot Certificate(s) (<i>Check all that apply</i>)		Supplemental. Restraint type: _____	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ✓ Flight Engineer			
Principle Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
● Pilot ○ Other ○ Unknown	○ None ○ BasicMed ○ Class 1 ○ Driver's License (Sport Pilot only) ○ Class 2 ○ Class 3 ○ Unknown	○ Without limitations/waivers ○ Unknown ○ With limitations/waivers ○ N/A ○ Special Issuance	mm/dd/yyyy

Medical Certificate Limitations	Medical Certificate Special Limitations
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Personal Flight Equipment *(Check all that apply)*

☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistantgloves

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

Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hrs.												

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

Additional Crewmember Information First Name: _____ City of Residence: Greenville Middle Initial: _____ State: MS Zip: 38701 Last Name: _____ Country: US		Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
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Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation
☐ Other: _____

Pilot Certificate(s) <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify: _____		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: _____ hrs.					

Additional Crewmember Information

 First Name: _____ City of Residence: _____

 Middle Initial: _____ State: _____ Zip: _____

 Last Name: _____ Country: _____

Personal Flight Equipment *(Check all that apply)*
☐ Fire resistant flight suit ☐ Helmet ☐ Laserprotective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation

☐ Other: _____					
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:		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. _____			
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: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: City: Middle Initial: <u>State:</u> <u>Zip:</u> Last name: <u>Country:</u> ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 Supplemental Restraint, specify:	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown

☐ 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

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>KRNV</u> City: <u>Cleveland</u> State: <u>MS</u> Country: <u>US</u>	Time: _____ Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: <u>KGLH</u> City: <u>Greenville</u> State: <u>MS</u> Country: <u>US</u>	• None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)☐ None

- | | | | | |
|---|--------------------------------------|--------------------------------------|---|---------------------------------------|
| ☐ Certificate of Authorization | ☐ Special VFR | ☐ Special IFR | ☐ VFR Flight Following | ☐ Cruise |
| ☐ VFR | ☐ IFR | ☐ VFR On Top | ☐ Traffic Advisory | ☐ Unknown / NA |

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

- | | | | | |
|---|--|---|---|---|
| ☐ Class A | ☐ Class G | ☐ Military Operations Area (MOA) | ☐ Special | Altitude of In-Flight Occurrence:
<u>2100 ft. MSL</u> |
| ☐ 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 | | |

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: _____ ForeFlight _____ ☐ On-Board Weather	☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions • VMC ☐ IMC ☐ Unknown	Lowest Cloud Condition Height <u>ft. AGL</u>	Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night	
Sky/Lowest Cloud Condition	Ceiling	Ceiling Height <u>ft. AGL</u>	

☐ Clear ☐ Few ☐ Partial ☐ Obscuration ☐ Scattered	☐ Thin Broken ☐ Thin Overcast ☐ Unknown	☐ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	Temperature: (°C) or (°F) Dewpoint: (°C) or (°F)	
Altimeter Setting: Hg or mb	Wind Direction ☐ Variable Direction: or degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u> kts </u>	Wind Gusts ☐ Not Gusting or Speed: <u> kts </u>	Visibility <u> </u> miles RVR: <u> </u> feet RVV: <u> </u> miles Destiny Altitude: <u> </u> ft
Type of Precipitation <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☐ 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	
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 <i>(Use additional sheet, if necessary.)</i>				
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.				

My instructor and I were practicing holds south of the Greenville airport (KGLH). We were 7 miles south of the airport and roughly about 2100 ft following the published hold when the engine began to run rough so I pulled carb heat and the engine never gained any power back the engine quit my instructor took over ran engine outprocedure while calling for emergency to the Greenville tower and pitching for best glide we were aiming for a freshly built highway that had no vehicle on it and then had to put it down in the treessince we were so far away from the airport and the highway

OPERATOR/OWNER SAFETY RECOMMENDATION (How could this accident/incident have been prevented?)
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/ Cycles On Part

Hours _____

Cycles _____

Time Since This Part Inspected/Overhauled

Hours _____

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

Fuel Type

(Convert from pounds, as necessary) 14Gallons	☒ 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 ☐ 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.)			

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

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

Date of this report:

Tue Jun 03 2025

mm/dd/yyyy

Name of Pilot/Operator:

Morgan Cotton

Signature:

-or- ☒ Check hereto electronically sign this document

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

Name: _____ Title: _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
CEN25LA121	Central Region / AS-CEN	Andrew Finne	06/03/2025