

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: ColumbusState: MSZIP: 39702Country: US

Latitude:

Longitude:

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

Accident/Incident Date/Time

Date: 05-31-2025Local Time: 15:30mm/dd/yyyyTime Zone: America/Chicago

Collision with Other

☐ Midair

Aircraft:

☐ On-ground☒ None

AIRCRAFT INFORMATION

Registration Number: N177LSManufacturer: CessnaModel: C177BSerial Number: 17702620Year of Manufacture: 1977Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make:

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 2500lbsWeight at Time of Accident/Incident: 2230lbsNumber of Seats: 4Flight Crew Seats: 1

Cabin Crew Seats:

Passenger Seats: 3Number of Engines: 1Category 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 | 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 |

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/yy yy)	Rated Power ● or ○	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Lycoming	0-360-A1F6D	L-22725-36A	01-01-1977	180	1857.2	42.7	1857.2
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

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

Date of Last Inspection: (mm/dd/yyyy) 09-12-2024Airframe Total Time: 4031.7hours

Hours measured at (Select one)

- ☐
- Last Inspection
- ☒
- Time of Accident/Incident

Additional Equipment

- | | |
|---|--|
| ☒ ADS-B | ☐ Handheld GPS |
| ☐ Airframe Parachute | ☐ Heads Up Display |
| ☐ Angle of Attack Indicator | ☐ Night Vision Goggles |
| ☒ Autopilot | ☐ Onboard Weather |
| ☐ Autopilot/FMS, Model_ | ☐ Primary Flight Display |
| ☐ Coupled Flight Director | ☐ SAS, Axis: Model: |
| ☐ Data Recorder | ☐ Satellite Tracking Device |
| ☐ Device Stall Warning System | ☐ Stall Warning System |
| ☐ Electronic Flight Bag or Handheld Device | ☐ Video Recording Device |
| ☐ Electronic Multifunction Display | ☐ Wire Strike Detection |
| ☐ Electronic Primary Flight Display | ☐ Wire Strike Protection |
| ☐ Flight Management System | ☐ Other, Specify: |

ELT Installed ☒ Yes ☐ No

Propeller 1

○ 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: Charles City of Residence: Pomona
 Middle Initial: E State: KS Zip: 66076
 Last Name: Homer Country: US
 Age at time of Accident/Incident: 45 Date of Birth: (mm/dd/yyyy)
 Certificate Number:

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</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 type: _____															
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 01-17-2024 _____ mm/dd/yyyy														
Medical Certificate Limitations None		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:

05-27-2024

mm/dd/yyyy

Flight Review AircraftMake: CessnaModel: C177B

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 ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ 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	617.9	456.7	617.9		50.2	5.3	53.5					
Pilot-in-Command	590.3	456.7	590.3		50.2	5.3	53.5					
Time as Instructor	0											
This Make/Model												
Last 90 Days	28.8	28.8			4							
Last 30 Days	8.3	8.3										
Last 24 Hrs.	0											

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2 Responsibilities at the Time of Accident/Incident
☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

“Flight Crewmember 2” was pilot flying ☐ Yes ☐ No
“Flight Crewmember 2” Identification:
 First Name: City of Residence:
 Middle Initial: State: Zip:
 Last Name: Country:
 Age at time of Accident/Incident: Date of Birth: (mm/dd/yyyy)
 Certificate Number:

Degree of Injury ☐ None ☐ Unknown ☐ Minor ☐ Serious ☐ Fatal	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) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	
Principle Occupation ☐ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ BasicMed ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Class 3 ☐ Unknown	Date of Last Medical 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 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) <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: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		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: _____ 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.	

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____		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:		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: <u>Carson</u> City: <u>Pomona</u> Middle Initial: <u>S</u> State: <u>KS</u> Zip: <u>66076</u> Last name: <u>Homer</u> Country: <u>US</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: <u>1</u>	☒ 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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Devin</u> City: <u>Pomona</u> Middle Initial: <u>G</u> State: <u>KS</u> Zip: <u>66076</u> Last name: <u>Homer</u> Country: <u>US</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: <u>2</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: <u>Booster Seat</u>	Used ☐ None ☒ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: <u>Shawna</u> City: <u>Pomona</u> Middle Initial: <u>J</u> State: <u>KS</u> Zip: <u>66076</u> Last name: <u>Homer</u> Country: <u>US</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		☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>2</u>	☒ 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 <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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>KORL</u> City: <u>Orlando</u> State: <u>FL</u> Country: <u>US</u>	Time: _____ Time Zone: <u>America/Detroit</u>	Flight Number: <u>N177LS</u> Operating as Flight	Airport ID: <u>KUBS</u> City: <u>Columbus</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>1700 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: Fore Flight _____ ☐ On-Board Weather	☐ Company ☐ Military ☒ Internet ☐ None ☐ Unknown	Facility ID: <u>KGTR</u> Observation Time: _____ Time Zone: <u>America/Chicago</u> Distance from Accident Site: <u>13.6</u> nm Direction from Accident Site: <u>276</u> 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: 36 (°C) or (°F) Dewpoint: 33 (°C) or (°F)																																								
Altimeter Setting: Hg or 993 mb	Wind Direction ☐ Variable Direction: <u>260</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>5</u> kts	Wind Gusts ☐ Not Gusting or Speed: <u> </u> kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Destiny Altitude: _____ ft																																							
Type of Precipitation (<i>Check all that apply</i>) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle			Restriction to Visibility (<i>Check all that apply</i>) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown																																								
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 (<i>Check all that apply</i>) <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> <tr> <td>Turbulence</td> <td></td> </tr> </table>	Type	Severity	✓ None	☐ Light	☐ Clean Air	☐ Moderate	☐ Terrain-Induced	☐ Severe	☐ Convective	☐ Extreme	Turbulence	
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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>) Prop damage, Nose gear folded up, Right wing tip damage, right main gear wheel broken off, and tail damage																																											
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.																																											

Departure Airport was KORL where I received 20 gallons of 100LL for a total of 49 gallons and one quart of Aeroshell 15 W50 oil. The aircraft was hanged during our week long stay in Orlando. I did a thorough pre flight inspection of the aircraft and we departed KORL at 1158 local time. The flight was uneventful until we were on final approach into KUBS. We were descending thru 1700 MSL when all the sudden the engine stopped. I looked at my JPI fuel flow analyzer it showed we had around 6 gallons of fuel remaining for the flight and I also checked the right and left fuel gauges. The left gauge was just above empty and the right gauge showed just below a 1/4 tank. I looked toward the airport and didn't think we could make it there so I turned to the right where the only field I saw that I felt we could get to. I was almost to the field and I had to make a sharp right bank to avoid trees where I believe the plane stalled and landed hard on the right side of the aircraft. The aircraft was located 3.6 NM SE of the airport.

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 <i>(Convert from pounds, as necessary)</i> 49Gallons	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 ☐ Substantial ☐ Minor ☐ None
Registered Owner of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: <u>ZIP:</u> _____ Country: _____	
ADDITIONAL INFORMATION (Additional space for answers to any question.)		
By my preflight calculations and instruments in flight I figure I should of had around 6 gallons of fuel. I'm really curious if there could of been a small fuel leak or a possible mag failure. I did look in the right tank after the accident and couldn't see any fuel but it was leaning at a angle to the right side which could of prevented visually being able to see fuel.		

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:

Fri Jun 13 2025

mm/dd/yyyy

Name of Pilot/Operator:

Charles F Homer

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
CEN25LA193	Central Region / AS-CEN	Andrew Finne	06/17/25