

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: HuronState: SDZIP: 57350Country: USLatitude: 44.31942Longitude: 98.31653(Enter in decimal degrees or
degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 2025-06-19Local Time: 09:40mm/dd/yyyyTime Zone: America/Chicago

Collision with Other

☐ Midair

Aircraft:

☒ On-ground☐ None

AIRCRAFT INFORMATION

Registration Number: N6147AManufacturer: PiperModel: PA 36-375Serial Number: 36-8102016Year of Manufacture: 1981Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make:

☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 4800lbsWeight at Time of Accident/Incident: 4322lbsNumber of Seats: 1Flight Crew Seats: 1

Cabin Crew Seats:

Passenger Seats:

Number 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

- ☐ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

Special

- ☒ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Waiver or Authorization (COA)☐ None☐ UnknownLanding Gear
(Check all that apply)

- ☐ Retractable
- ☐ Tricycle
- ☒ Tailwheel
- ☐ Emergency Float
- ☐ Float
- ☐ Amphibian
- ☐ Other Launch/Recovery System
- ☐ None
- ☐ High Skid
- ☐ Skid
- ☐ Ski/Wheel
- ☐ Hull
- ☐ Ski
- ☐ Unknown

Engine Type
(Select one)

- ☒ Reciprocating
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

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	IO-720-D1CD-C-D1C	L-1064-54A	1981-01-01	400	1391.2	48	1289.7
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) 2025-05-06Airframe Total Time: 6298.0hours

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

Registered Aircraft Owner			
Name: <u>Dakota Airspray</u>	State: <u>SD</u>	Fractional Ownership Aircraft:	☐ Yes ☒ No
City: <u>Huron</u>	Country: <u>US</u>		
ZIP: <u>57350</u>			

Name:	Doing Business As:	
City:	State:	Air Carrier/Operator Designator (4-character code):
ZIP:	Country:	

<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		☐ 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		<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 Name: _____ Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A	Distance from Airport Center: <u>sm.</u> Direction from Airport: <u>degrees true</u> Airport Elevation: <u>ft. MSL</u>
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Runway ID:	Length: <u>ft.</u>	Width: <u>ft.</u>	
Runway/Landing Surface <i>(Check all that apply)</i>			
☐ Asphalt	☐ Grass/Turf	☐ Ice	☐ Snow
☐ Concrete	☐ Gravel	☐ Macadam	☐ Water
☐ Dirt	☐ Helideck	☐	☐ Unknown
☐ Elevated	☐ Helistop	Metal/Wood	
Heliport		☐ Off-site landing area	
		☐ Dry	☐ Snow Compacted
		☐ Holes	☐ Snow-Crusted
		☐ Ice Covered	☐ Snow-Dry
		☐ Rough	☐ Snow-Wet
		☐ Rubber Deposits	☐ Soft
		☐ Slush-Covered	☐ Vegetation
			☐ Water-Calm
			☐ Water-Glassy
			☐ Water-Choppy
			☐ Wet
			☐ Unknown

○ 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)
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○ 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: [REDACTED] City of Residence: [REDACTED]
 Middle Initial: [REDACTED] State: SD Zip: [REDACTED]
 Last Name: [REDACTED] Country: US
 Age at time of Accident/Incident: 28 Date 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 border="0"> <tr> <td>Available</td> <td>Used</td> </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 type: _____	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		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 2025-06-20 _____ mm/dd/yyyy															
Medical Certificate Limitations		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:**

2024-12-19

mm/dd/yyyy

Flight Review Aircraft

Make: Cessna

Model: 172

☐ Other: _____												
Date of Last Flight Review Or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>					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 Actual Simulated		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
Total Time	612.4	8.6	610.6	1.8	26.3	.1	51.3					187.1
Pilot-in-Command	566.2	8.6	566.2	1.8	23.0	.1	51.3					187.1
Time as Instructor												
This Make/Model												
Last 90 Days	52.6	8.6	52.6									45.6
Last 30 Days	12.9	8.6	12.9									12.9
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		
Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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 the 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 Used ☐ 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: _____								Seat Occupied ☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		

Personal Flight Equipment <i>(Check all that apply)</i> ☐ 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) <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 <i>(Include cabin crew; continue on separate sheet, if necessary.)</i>					
Number of Passengers _____					
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 <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 Inflatable Restraints ☐ 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: State: Zip: Last name: Country: ☐ 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 Inflatable Restraints ☐ 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: State: Zip: Last name: Country: ☐ 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 Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>HON</u>	Time: <u>09:22</u>	Flight Number: Operating as Flight	Airport ID: <u>HON</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☒ No ☐ Unknown
City: <u>Huron</u>	Time Zone: <u>America/Chicago</u>		City: <u>Huron</u>	
State: <u>SD</u>			State: <u>SD</u>	
Country: <u>US</u>			Country: <u>US</u>	

☐ Class A	☒ Class G	☐ Military Operations Area (MOA)	☐ Special	Altitude of In-Flight Occurrence: <u>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		

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>ft. AGL</u>		Temperature: (°C) or 75 (°F) Dewpoint: (°C) or (°F)			
Altimeter Setting: Hg or mb		Wind Direction ☐ Variable or Direction: <u>200</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>13</u> kts		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		Turbulence <i>(Check all that apply)</i> 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:									
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> Landing gear torn off. Spray system torn off. Damage to engine, propeller, wings, fuselage. Damaged barbed wire fence in pasture- we repaired it that day.									
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.

I departed Huron airport at approximately 9:20 am. I went out to practice spray a field with water in N6174A. I did two laps around the field then came around to purge the booms across the middle of the field. I pushed the spray lever forward when my knuckles hit the dump lever and the gate popped open. I shut the gate, resumed purging the booms and came up out of the field stalled the airplane- at the time I didn't recognize it as a stall I thought the gate had come open again and was making the airplane porpoise I tried pulling the the dump lever to get it to stop and then added full power. I continued to sink and fight the stall. I was getting extremely low and decided my only option was getting the airplane on the ground, I impacted the ground very hard tearing the landing gear and tearing up a lot of metal. I was able to keep the airplane straight until it caught on something on the ground and whipped the airplane around 180 degrees where it came to a stop.

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> 46Gallons _____	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.)		

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 Jul 04 2025

mm/dd/yyyy

Name of Pilot/Operator:

[REDACTED]

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
CEN25LA218	CENTRAL	LINDBERG	7/4/2025