

**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: <u>Wichita</u> State: <u>Kansas</u> ZIP: <u>67209</u> Country: <u>United States</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>06/28/2025</u> Local Time: _____ mm/dd/yyyy HH:MM Time Zone: <u>Central</u> Collision with Other Aircraft: Midair ☐ On-ground ☒ None
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AIRCRAFT INFORMATION

Registration Number: <u>N1591V</u> Manufacturer: <u>Cessna</u> Model: <u>172M</u> Serial Number: <u>17263685</u> Year of Manufacture: <u>1974</u> Amateur-Built: Yes ☐ No ☒ If Yes: Original Design ☐ Kit/Plans ☐ Make: _____	IFR-Equipped and Certified Commercial Space Flight ☐ Unmanned Aircraft ☐ Maximum Gross Weight: _____ lbs. Weight at Time of Accident/Incident: _____ lbs. Number of Seats: _____ Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>One</u>
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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) <table border="0"><tr><td>Standard</td><td>Special</td></tr><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></table> Certificate of Authorization or Waiver (COA) ☐ None ☐ Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) <table border="0"><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>☐ Unknown</td></tr><tr><td>☐ Other Launch/Recovery System</td><td></td></tr><tr><td>☐ None</td><td></td></tr></table>	☒ Retractable	☐ High Skid	☒ Tricycle	☐ Skid	☐ Tailwheel	☐ Ski/Wheel	☐ Emergency Float	☐ Hull	☐ Float	☐ Ski	☐ Amphibian	☐ Unknown	☐ Other Launch/Recovery System		☐ None		Engine Type (Select one) <table border="0"><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></table> Fuel System Type (Reciprocating) <u>Carburetor</u> ☐ Fuel Injected ☐	☒ Reciprocating	☐ Liquid Rocket	☐ Turbo Shaft	☐ Solid Rocket	☐ Turbo Prop	☐ Hybrid Rocket	☐ Turbo Jet	☐ None	☐ Turbo Fan	☐ Unknown	☐ Electric	
Standard	Special																																														
☒ Normal	☐ Restricted																																														
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☐ Balloon	☐ Provisional																																														
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☒ Retractable	☐ High Skid																																														
☒ Tricycle	☐ Skid																																														
☐ Tailwheel	☐ Ski/Wheel																																														
☐ Emergency Float	☐ Hull																																														
☐ Float	☐ Ski																																														
☐ Amphibian	☐ Unknown																																														
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☐ Electric																																															

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. (mm/dd/yyyy)	Rated Power Horsepower or Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>D-320-E20</u>	<u>L-29105-27A</u>		<u>150 Hp</u>	<u>5570.7</u>		<u>1433.4</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type ☒ 100-Hour ☐ AAIP ☐ Annual ☐ Continuous Airworthiness ☐ Condition Inspection ☐ Unknown Date of Last Inspection: <u>05/14/2025</u> mm/dd/yyyy Airframe Total Time: _____ hrs 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, Number of Axes: _____ Model: _____ ☐ Satellite Tracking Device ☐ Stall Warning System ☐ Video Recording Device ☐ Wire Strike Detection ☐ Wire Strike Protection ☐ Other, Specify: _____
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: _____	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ 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 <u>Fixed Pitch</u> Controllable Pitch ☐ Ground Adjustable ☐ Manufacturer: <u>McCawley</u> Model: <u>1C160/DTM</u> Propeller 2 Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable ☐ Manufacturer: _____ Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: Aviation Academy LLC
 City: Wichita State: KS
 ZIP: 67205 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

☒ The Operator is also the Registered Owner

☒ Same address as Registered Owner

Name: _____
 City: _____ State: _____
 ZIP: _____ Country: _____

Doing Business As: _____

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

Operating Certificates Held
(Check all that apply)

None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Rotorcraft External Load (FAR 133)
 Commuter Air Carrier (FAR 135)
 On-Demand Air Taxi (FAR 135)
 Commercial Air Tour (FAR 136)
 Agricultural Aircraft (FAR 137)
 Pilot School (FAR 141)
 Certificate of Authorization or Waiver (COA)
 Commercial Space Transportation
 Experimental Permit
 Commercial Space Transportation License
 Other Operator of Large Aircraft

Regulation Flight Conducted Under

FAR 91 FAR 129 FAR 415
 FAR 103 FAR 133 FAR 431
 FAR 121 FAR 135 FAR 435
 FAR 125 FAR 137 FAR 437
 FAR 450
 FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial

Public Aircraft *(Select one)*

Armed Forces
 Federal
 State
 Local
 Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)

Scheduled or Commuter Domestic
 Non-Scheduled or Air Taxi International

Passenger
 Cargo
 Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*

Aerial Application Firefighting
 Aerial Observation Flight Test
 Air Drop Glider Tow
 Air Race/Show Instructional
 Banner Tow Other Work Use
 Business Personal
 Executive/Corporate Positioning
 External Load Skydiving
 Ferry Unknown

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION *(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)*

Airport Name: Wichita Dwight D. Eisenhower National
 Airport Identifier: KICT
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm.
 Direction From Airport: _____ degrees true
 Airport Elevation: 1333' ft. MSL

Runway Information

Runway ID: 19L Length: 7302' ft. Width: 150' ft.

Runway/Landing Surface *(Check all that apply)*

☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☒ Concrete ☐ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

Condition of Runway/Landing Surface *(Check all that apply)*

Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft
 Slush-Covered Vegetation Unknown

Approach/Departure Segment *(Select one)*

Taxi Takeoff VFR Departure On Instrument Approach Downwind Low Approach
 Initial Climb IFR Departure Procedure/Clearance Landing Base Go Around
 Final Aborted Landing (after touchdown)
 Crosswind 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
 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" Identification

First Name: Devin

City of Residence: Wichita

Middle Initial: P

State: KS ZIP: 67226

Last Name: Lee

Country: United States

Age at time of Accident/Incident: 30

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [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 <u>04/21/2025</u> 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: _____
mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

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 ☐ Glider ☐ Sport
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Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

ISA 3/30/25
Pre solo Aeronautical Knowledge 5/27/25
Pre solo flight training 6/28/25
Solo 90 Day 6/28/25

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	33.2	33.2	33.2				1.5					
Pilot in Command (PIC)	.6	.6	.6									
Time as Instructor												
This Make/Model												
Last 90 Days	33.2	33.2	33.2				1.5					
Last 30 Days	10.1	10.1	10.1				1.2					
Last 24 Hours												

"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: Jesse

City of Residence: Wichita

Middle Initial: C

State: Kansas ZIP: 67203

Last Name: Ortiz

Country: United States

Age at time of Accident/Incident: 21

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied Left Front Unknown Right Rear Center Single		Restraint Type <table border="1"> <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, specify: _____																	
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Unknown ☐ Class 1 ☐ Basic Med ☐ 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 <u>7/20/2022</u> 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/goggles ☐ 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) (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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Type Ratings and Applicable Logbook Endorsements

"Flight Crewmember 2" was not in the airplane at time of accident.

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	476.8	390.1	392.6	24.1	9.4							
Pilot in Command (PIC)	398	390.1	390.1	5.9								
Time as Instructor	175.5	175.5	175.5									
This Make/Model												
Last 90 Days	167.5	157	157	4.5								
Last 30 Days	53.7	53	53	.7								
Last 24 Hours												

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

Additional Crewmember Information		Seat Occupied		Injury
First Name: _____	City of Residence: _____	Left Center Right Front	Rear Single Unknown	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

Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Restraint Type		Inflatable Restraints
		Available	Used	
☐ Yes ☐ No		☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
		Supplemental Restraint, specify: _____		

Additional Crewmember Information		Seat Occupied		Injury
First Name: _____	City of Residence: _____	Left Center Right Front	Rear Single Unknown	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

Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Restraint Type		Inflatable Restraints
		Available	Used	
☐ Yes ☐ No		☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
		Supplemental Restraint, specify: _____		

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)

Number of Passengers _____	Seat	Injury	Restraint Type	Inflatable Restraints	Age
Passenger Information First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other	☐ 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 Supplemental Restraint, specify: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
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: _____	☐ 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: _____	☐ 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: _____ City: _____ State: _____ Country: _____	Time: _____ HH:MM Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☐ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown

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: ☐ 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		Lowest Cloud Condition	Light Condition		
☒ VMC ☐ IMC ☐ Unknown		Height _____ ft. AGL	☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown		
Sky/Lowest Cloud Condition		Ceiling	Ceiling Height		
☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial ☐ Unknown ☐ Obscuration ☐ Scattered		☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	_____ ft. AGL	Temperature: <u>31</u> (°C) or <u>91.4</u> (°F) Dewpoint: <u>22</u> (°C) or <u>71.6</u> (°F)	
Altimeter Setting:	Wind Direction	Wind Speed	Wind Gusts	Visibility	
<u>29.91</u> (Hg), or _____ (mb)	☐ Variable or Direction: <u>130</u> degrees true	☐ Calm ☐ Light and Variable Speed: <u>05</u> kts	☒ Not Gusting or Speed: _____ kts	_____ 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 ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Icing Forecast		Intensity of Precipitation	Icing Actual		Turbulence (Check all that apply)
Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Type ☒ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence
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
☐ Minor
☒ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Fire at Unknown Time
☐ Unknown

Aircraft Explosion

- ☒ None
☐ In-Flight
☐ On-Ground
☐ Both Ground and In-Flight
☐ Fire at Unknown Time
☐ Unknown

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

Left main gear collapsed. Fuselage twist. Left wing damage near tip. Left horizontal stab + elevator damaged. Fire wall wrinkled.

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.

See attached reports from the instructor + student.

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

(Convert from pounds, as necessary)

_____ 28 _____ Gallons

Fuel Type

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

Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:

Pilot exit the aircraft on the right side.

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Model: _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

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:

07-08-2025

mm/dd/yyyy

Name of Pilot/Operator: Deryn Lee

Signature: _____

-or- ☐ Check here to electronically sign this document

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

Name:

Jesse Cortez

Scott Olinger

Title: _____

Signature: _____

- owner

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN25LA230

Reviewed by NTSB AS Division

Central Region Office (CEN)

Name of Investigator

Michael J. Hodges

Date Report Received

07/08/2025

N159/V accident

6/28/25

Devyn L. and I flew out to the west practice area and practiced some maneuvers and came back into KICT for the traffic pattern. We did 3 laps in the pattern with Devyn prior to letting him out solo. I did not touch the flight controls at all while Devyn was flying. This was the first solo for Devyn.

[REDACTED]

N1591V accident

6/28/2025

I was performing my three takeoffs and landings for my first solo flight. After completing the second landing, I performed the reconfiguration for the aircraft for takeoff. After I put the throttle to full power, I verified the engine gauges were in the green, then verified that the airspeed indicator was "alive". Upon reaching 60 on the airspeed indicator, I began to pull the controls to begin takeoff. At the same time, as I was beginning to pull back on the controls, the aircraft abruptly pulled hard towards the left and began to head in a direction off the runway. When this happened, I pulled the throttle back to idle, while simultaneously applying the brakes. When I tried correcting the direction of the aircraft, it wanted to jerk and skid to the right. I decided to try and keep the aircraft in a relatively safe direction and not begin to uncontrollably swerve the plane. I continued to apply the brakes, and then I pulled the mixture to the idle/cut off position. As I was approaching the edge of the runway, I tried to keep the aircraft in a safe direction while attempting to avoid ground hazards such as airport signage and lights. Upon coming to a complete stop, I made sure the throttle and mixture were pulled out, I contacted ATC that I was off the runway, and they notified me that emergency vehicles were on the way. Before leaving the aircraft, I set the fuel selector to off and the master switch and ignition to off. After that, I got out of the aircraft from the passenger side.

ATIS information B winds 180 @ 08 Vis 10 temp 31/22
Altitude 2999 runways 19L+R

[REDACTED]
Devyn Lee [REDACTED]