

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: Howard State: Wi

ZIP: 54313 Country: Brown

Latitude: 44:34:54.4100N Longitude: 88:08:32.0900W

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

Accident/Incident Date/Time

Date: 07/13/2025 Local Time: 08:41

mm/dd/yyyy

Time Zone: Central

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

AIRCRAFT INFORMATION

Registration Number: N88220

Manufacturer: Piper

Model: J3 Cub

Serial Number: 56646

Year of Manufacture: 1946

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design

☐ Kit/Plans

Make: _____

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 1220 lbs.

Weight at Time of Accident/Incident: 975 lbs.

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 0

Number of Engines: 1

Category of Aircraft (Select one)

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard

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

☐ Certificate of Authorization or Waiver (COA)

☐ None

Special

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

☐ Unknown

Landing 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/yyyy)	Rated Power ☒ Horsepower or ☐ Lbs. of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	A75	5773568		75	607.26	12.94	594.32
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date of Last Inspection: 11/6/2024

mm/dd/yyyy

Airframe Total Time: 3103.92 hrs

Hours measured at (Select one)

- ☒ Last Inspection
- ☐ Time of Accident/Incident

Type of Maintenance Program (Select One)

- ☒ Annual
- ☐ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program
- ☐ (AAIP) Continuous Airworthiness
- ☐ Other, specify: _____

Description of Fire Extinguishing System

- ☒ None
- ☐ Specify: _____

Additional Equipment

- ☐ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Autopilot
- ☐ Autopilot/FMS, Model: _____
- ☐ 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 (circle one): 2, 3, 4, Model: _____
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Wire Strike Detection
- ☐ Wire Strike Protection
- ☐ Other, Specify: _____

ELT Installed: ☒ Yes ☐ No If Yes:

ELT Manufacturer: Ameri-king Corp

Model or Part No.: 45000010

TSO No.: ☐ C91 (121.5 MHz) ☒ C91a (121.5 MHz)

☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT activate? ☒ Yes ☐ No

If activated: Did ELT aid in locating aircraft? ☐ Yes ☒ No

If not activated: Indicate Reason: ☐ Impact Damage

☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ Unknown

Propeller 1 ☒ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Sensenich

Model: W70DK-42

Propeller 2 ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: The Boy's Cub, LLC
City: Green Bay State: WI
ZIP: 54304 Country: USA

Fractional Ownership Aircraft: ☒ Yes ☐ No

Operator of Aircraft

☐ The Operator is also the Registered Owner

☐ Same address as Registered Owner

Name: John Faikel
City: Green Bay State: WI
ZIP: 54313 Country: USA

Doing Business As: N/A

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

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: Faikel Airfield

Airport Identifier: 08WI

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: 0 sm.

Direction From Airport: _____ degrees true

Airport Elevation: 744 ft. MSL

Runway Information

Runway ID: 16 Length: 1100 ft. Width: 60 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 ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ 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 ☐ Stop and Go
☐ Straight-In ☐ Touch and Go Simulated
☐ Valley/Terrain Following ☐ Forced Landing Forced
☐ Go Around ☐ Landing Precautionary
☐ Full Stop ☒ Landing
☐ Unknown

[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

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 ☐ 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) <i>(Check all that apply)</i> ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Student ☐ Flight Engineer				☐ Supplemental. Restraint type: _____			
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical _____ <i>mm/dd/yyyy</i>	
Medical Certificate Limitations				Medical Certificate Special Limitations			

☐ 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: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) <i>(Check all that apply)</i> ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	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
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Type Ratings and Applicable Logbook Endorsements	Student Endorsements <i>(Include dates)</i>
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[illegible]

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
Middle Initial: _____	State: _____ Zip: _____		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	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		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Center ☐ Right ☐ Front	☐ Rear ☐ Single ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer		Restraint Type Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	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	0				
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
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 ☐ Supplemental. Restraint type: _____	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
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	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	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
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	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	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
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	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	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
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: _____						

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>08WI</u> City: <u>Howard</u> State: <u>WI</u> Country: <u>Brown</u>	Time: <u>08:10</u> Time Zone: <u>C</u>	Flight Number: <u>N/A</u> Operating as Flight <u>N/A</u>	Airport ID: <u>08WI</u> City: <u>Howard</u> State: <u>Wi</u> Country: <u>Brown</u>	☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☒ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)
☐ Certificate of Authorization
☐ VFR

☐ Special VFR
☐ IFR

☒ None

☐ Special IFR

☐ VFR On Top

☐ VFR Flight Following

☐ Traffic Advisory

☐ Cruise

☐ Unknown / NA

Type of ATC Clearance/Service (Check all that apply)
☐ Class A
☐ Class B
☐ Class C
☐ Class D
☐ Class E
☐ Class G
☐ Demo Area
☐ Warning Area
☐ Prohibited Area
☐ Restricted Area

☐ Military Operations Area (MOA)
☐ Airport Advisory Area
☐ Jet Training Area
☐ TRSA
☐ FAR 93

☐ Special Air Traffic Control Area
☐ Unknown

Altitude of In-Flight Occurrence:

 0 ft.
 MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE
Source of Pilot Weather Information
(Check all that apply)
☐ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Electronic Flight Bag-Application:
☐ Company
☐ Military
☐ Internet
☒ None
☐ Unknown

☐ On-Board Weather

Weather Observation Facility

 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
 CLEAR ft. AGL

Light Condition
☒ Dawn
☐ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Unknown

Sky/Lowest Cloud Condition
☒ Clear
☐ Few
☐ Partial
☐ Obscuration
☐ Scattered
☐ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling
☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

_____ ft. AGL

Temperature: 23 (°C) or _____ (°F)

Dewpoint: 16 (°C) or _____ (°F)

Altimeter Setting: 29.99

Hg

 or _____
 mb

Wind Direction
☐ Variable

 Direction: 220
 degrees true

Wind Speed
☐ Calm
☐ Light and Variable
 or

Speed: 5 kts

Wind Gusts
☐ Not Gusting

 or
 Speed: 8 kts

Visibility

3 miles

RVR: _____ feet

RVV: _____ miles

Destiny Altitude: _____ ft.

Type of Precipitation (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

Restriction to Visibility (Check all that apply)
☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Icing Forecast
Amount
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
☐ Unknown
Type
☒ N/A
☐ Rime
☐ Clear
☐ Mixed
☐ Unknown

Intensity of Precipitation
☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Icing Actual
Amount
☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
☐ Unknown
Type
☒ N/A
☐ Rime
☐ Clear
☐ Mixed
☐ Unknown

Turbulence (Check all that apply)
Type
☒ None
☐ Clean Air
☐ Terrain-Induced
☐ Convective
☐ Turbulence
Severity
☐ Light
☐ Moderate
☐ Severe
☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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.)

Low RPM prop strike, damage to engine cowl, damage to both wings, damage to all four wing struts, damage to vertical stabilizer and rudder

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 initial intention was to fly to 3D2 and I fueled aircraft with 19.5 gallons of 100LL

Upon noticing haze I decided to stay near the airport and then practice take offs and landings

I departed RWY 16 of our private airstrip at 8:35am local time

Winds at this time were 60 degree crosswind at about 5 kts, gusting to 8 kts from the West

Beginning of final approach was normal including altitudes, airspeed, and glide slope.

Just before landing, at a point where the aircraft had descended below the top of trees to the West, the aircraft had a sudden loss of altitude

At this point the aircraft's right main gear became entangled in the top wire of an electric fence

The aircraft landed and rolled out as normal for the first 100 ft, at which point the fence wire (which was still entangled in the right main gear) stopped the aircraft abruptly, causing the aircraft to flip onto its back

I was able to exit the plane safely through the cabin door

The engine had stopped running after the propeller strike to the ground

I sustained no injuries

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

Installation of different wire for fence across end of runway that would break away upon impact - this would prevent any entanglement of the aircraft

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)

19.5 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 exited through main aircraft door, no other occupants

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed☐ Substantial☐ Minor☐ 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.)

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

Date of this report:

07/21/2025
mm/dd/yyyy

Name of Pilot/Operator:

John FAIKUL

Signature:

[Redacted Signature]

-or- ☐ Check here to 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.

CEN25LA249

Reviewed by NTSB AS Division

Central Region

Name of Investigator

T. Sorensen

Date Report Received

July 22, 2025