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OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner		
Name: <u>Jeremy Allington</u>		Fractional Ownership Aircraft: ☐ Yes ☒ No
City: <u>Riverfalls</u> State: <u>WI</u>		
ZIP: <u>54022</u> Country: <u>USA</u>		
Operator of Aircraft ☒ The Operator is also the Registered Owner ☐ Same address as Registered Owner		
Name: _____		Doing Business As: _____
City: _____ State: _____		Air Carrier/Operator Designator (4-character code): _____
ZIP: _____ Country: _____		
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Under	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
☒ 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	☒ 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	☐ 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 (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
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)		
Airport Name: <u>Fleming field</u>	Distance From Airport Center: <u>0.50</u> sm.	
Airport Identifier: <u>KSGS</u>	Direction From Airport: <u>340.00</u> degrees true	
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A	Airport Elevation: <u>820.00</u> ft. MSL	
Runway Information	Condition of Runway/Landing Surface (Check all that apply)	
Runway ID: <u>34</u> Length: <u>4,002</u> ft. Width: <u>100</u> ft.	☒ 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	
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		
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)	VFR 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	☐ 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: Jeremy

Middle Initial: w

Last Name: Allington

Age at time of Accident/Incident: _____

City of Residence: Riverfalls

State: wi ZIP: 54022

Country: USA

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

Supplemental Restraint, specify: _____

Inflatable Restraints

☒ Not Installed

☐ Installed

☐ Not Deployed

☐ Deployed

☐ Unknown

Pilot Certificate(s) (Check all that apply)

☒ None

☐ US Military

☐ Airline Transport

☐ Student

☐ Flight Instructor

☐ Private

☐ Foreign

☐ Flight Engineer

☐ Commercial

☐ Recreational

☐ Sport

Principal Occupation

☐ Pilot

☒ Other

☐ Unknown

Medical Certificate

☐ None

☐ Class 1

☐ Class 2

☒ Class 3

☐ BasicMed

☐ Driver’s License (Sport Pilot only)

☐ Unknown

Medical Certificate Validity

☒ Without limitations/waivers

☐ With limitations/waivers

☐ Special Issuance

☐ Unknown

☐ N/A

Date of Last Medical

02/12/2024

mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Limitations

NA

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit

☐ Fire resistant gloves

☐ Helmet visor

☐ Night vision goggles

☐ Helmet

☐ Laser protective visor/glasses

☐ Personal flotation

☐ Personal locator beacon(s) (PLB)

☐ Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 04/28/2020
mm/dd/yyyy

Flight Review Aircraft

Make: Christavia MK4

Model: MK4

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

Type Ratings and Applicable Logbook Endorsements

Single engine land, Tail wheel

Student Endorsements (Include dates)

29 may 2014

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	210	122	210	0	16	0	3	0	0	0	0	122
Pilot in Command (PIC)	169	122	169	0	16	0	0	0	0	0	0	122
Time as Instructor	0	0	0	0	0	0	0	0	0	0	0	0
This Make/Model					0	0	0					
Last 90 Days	0	0	0	0	0	0	0	0	0	0	0	0
Last 30 Days	0	0	0	0	0	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0	0	0

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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)					
Additional Crewmember Information			Seat Occupied		Injury
First Name: _____ City of Residence: _____			☐ Left ☐ Rear		☐ None
Middle Initial: _____ State: _____ Zip: _____			☐ Center ☐ Single		☐ Minor
Last Name: _____ Country: _____			☐ Right ☐ Unknown		☐ Serious
			☐ Front		☐ Fatal
					☐ Unknown
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 the apply)			Restraint Type		Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military			Available Used		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign			☐ None ☐ None		
☐ Student ☐ Sport ☐ Flight Engineer			☐ Lap Only ☐ Lap Only		
			☐ 3-point ☐ 3-point		
			☐ 4-point ☐ 4-point		
			☐ 5-point ☐ 5-point		
			☐ Unknown ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?			Supplemental Restraint, specify:		
☐ Yes ☐ No			_____		
Total Flight Time at the Time of this Accident/Incident: _____ hrs.					
Additional Crewmember Information					
First Name: _____ City of Residence: _____			Seat Occupied		Injury
Middle Initial: _____ State: _____ Zip: _____			☐ Left ☐ Rear		☐ None
Last Name: _____ Country: _____			☐ Center ☐ Single		☐ Minor
			☐ Right ☐ Unknown		☐ Serious
			☐ Front		☐ Fatal
					☐ Unknown
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 the apply)			Restraint Type		Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military			Available Used		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign			☐ None ☐ None		
☐ Student ☐ Sport ☐ Flight Engineer			☐ Lap Only ☐ Lap Only		
			☐ 3-point ☐ 3-point		
			☐ 4-point ☐ 4-point		
			☐ 5-point ☐ 5-point		
			☐ Unknown ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?			Supplemental Restraint, specify:		
☐ 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 <u>0</u>					
Passenger Information	Seat	Injury	Restraint Type		Inflatable Restraints
First Name: _____ City: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Middle Initial: _____ State: _____ Zip: _____			☐ None	☐ None	
Last name: _____ Country: _____			☐ Lap Only	☐ Lap Only	
☐ Crew ☐ Passenger ☐ Other			☐ 3-point	☐ 3-point	
			☐ 4-point	☐ 4-point	
	☐ 5-point	☐ 5-point			
			☐ Unknown	☐ Unknown	
Personal Flight Equipment (Check all that apply)			Supplemental Restraint, specify:		
☐ 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: _____

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>Home address</u> City: <u>Riverfalls</u> State: <u>WI</u> Country: <u>USA</u>	Time: <u>11:15</u> <i>HH:MM</i> Time Zone: <u>centr</u>	Flight Number: <u>NA</u> Operating as Flight <u>no</u>	Airport ID: <u>ksgs</u> City: <u>south st paul</u> State: <u>mn</u> Country: <u>USA</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

☐ Special IFR

☐ VFR On Top

☐ VFR Flight Following

☐ Traffic Advisory

☐ Cruise

☐ 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)

☐ National Weather Service

☐ Company

☐ Flight Service Station

☐ Military

☐ TV/Radio

☐ Internet

☐ Automated Report

☐ None

☐ Electronic Flight Bag-Application:

☐ 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

5000 _____ ft. AGL

Light Condition

☐ Dawn

☐ Dusk

☐ Dark Night

☐ Unknown

☒ Day

☐ Night

☐ Bright Night

Sky/Lowest Cloud Condition

☐ Clear

☐ Thin Broken

☐ Few

☐ Thin Overcast

☐ Partial

☐ Unknown

☐ Obscuration

☒ Scattered

Ceiling

☒ None (Clear)

☐ Broken

☐ Overcast

☐ Obscured

☐ Indefinite

☐ Unknown

Ceiling Height

no ceiling _____ ft. AGL

Temperature: _____ (°C) or 70.0 (°F)

Dewpoint: _____ (°C) or 65.0 (°F)

Altimeter Setting:

29.75 _____ (Hg), or _____ (mb)

Wind Direction

☒ Variable or _____

Direction: _____ degrees true

Wind Speed

☐ Calm

☒ Light and Variable or _____ kts

Speed: _____ kts

Wind Gusts

☒ Not Gusting or _____ kts

Speed: _____ kts

Visibility

15.0 _____ miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 500.0 _____ ft.

Type of Precipitation (Check all that apply)

☒ 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 (Check all that apply)

☒ 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 (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:

NONE

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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 <i>(Use additional sheet, if necessary.)</i> left wingtip damage, bpth lift struts bent. Prop destroyed, prop strike. slight damage to the rudder. No damage to property					
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. At approximately 1030 am i began my preflight the day of the accident. my aircraft was kept at my home in my hangar. at approximately 1115 am i started the engine and taxied to my airstrip (2000ft grass) I performed my normal run up, Mag checks, Carb ice, etc... gto weather from local weather and confirmed it in my aircraft. I lifted off at about 1120 ish. it was an uneventful 14 min Flight to KSGS at approximately 1000ft agl. I entered the pattern Doing a midfield crossing to the Downwind for runway 34. there was another tailwheel aircraft about 1/4 mile in front of me. He extended his downwind leg enough to where i thought he was leaving the pattern to the south. i was watching him and started my descent into base a little late. Not a big deal, I slipped my altitude away. on final i was slightly high and slipped more alltitude and energy away. because i have expensive bush tires i lond in the grass next to the runway. if theres any aircraft on the taxi way i use the paved runway. today i landed in the grass. i do remember bouncing once and feeling an urgancy to slow down. I often do STOL operations so naturally i tried stopping my plane with break pressure. I noticed the plane pitching nose down more than usual so i pulled hard on the yoke. the only thing i can figureis while i was pul;ling on the yoke i inadvertantly pushed on the toe brakes too much. befor i could save it the plane pitched completely forward striking the nose on the ground and ultimately flipping over on its back. I am guessing the nose hit while i was going 25 knots. i then unbuckled, got out of the plane and assesed the damage. then went back to the plane and shut everything off. then paramedics came. i had a tiny cut on my forehead.					
OPERATOR/OWNER SAFETY RECOMMENDATION (How could this accident/incident have been prevented?)					
Dont try to stop so fast, Dont pannic					

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: 11/21/2025 mm/dd/yyyy		Name of Pilot/Operator: <u>Jeremy w allington</u> 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. CEN25LA331	Reviewed by NTSB AS Division Central Region / AS-CEN	Name of Investigator Andrew Finne	Date Report Received 11/24/25